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BRAITHWAITE'S RETROSPECT.

VOL XL. JULY-DECEMBER, 1859.



RETROSPECT OF MEDICINE:

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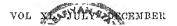
A HALF-YEARLY JOURNAL,

CONFIDNING A REPROSPECTIVE VIEW OF EVERY DISCOVERY AND PRACTICAL IMPROVEMENT IN THE MEDICAL SORESCENCES.

FRITTED BY

W. BRAITHWAITE,

ECFURIR ON OBSTRUCTINE ART THE IFEDS SCHOOL OF MEDICINE



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-		
ORGANS OF CIRCULATIO	N.	
arm seams Pennis in the Inc mens and Trestment of Heart discus-	Dr. 6 H Juntor	12
Links also, E		
ORGANS OF RESPIRATIO	N.	
21 On Asthern Protein the	Dr J K 1889.7	14
to from the rest of Philips by during the flows	M B an	>1
then the peculiar Editacs of Sulphists of Corpor as Exerting Counting in the Irealment of Coup.	In Mess ur	Je
Choir Inlant dT uses of the Parpl strent of Verstria in Acute Diseases of the Choir	M thancoer, M tran	,

ORGANS OF DIGESTIO	N.	
th Det circ Communication in Indiant-its Prevention		
on Defenier Ammanum in Infants—its Prevention and Technical Section of Assies, appreciate maning from Chrome	In . Roeth	11
 On Deferior American in the anti- its Prevention and To stream Or So d Assets, appreprive among from Chrome Person as Other and American the Army—Chleria of Potach 	Dr. Rosin Dr. W. Paley	71 34 70
 On Defering A outmant in Infant—its Prevention and The trace in Percentage of Newton, applicably satisfy from Chrome Percentage Under the Percentage of the Army—Chloride of Potwh The Crypha for the Spin and Soppin and Sopie Wellias, especially have a realized for the Percentage of Percentage 	Dr. Routh Dr. W. Paley	34 50
on Defense Aminamen in Infants—its Prevention and Teatments Of Cres of Astron. Experiently around from Chronic Fentonits Of there is a native in the Arms—(b) rate of Potuch The tree for a stress in the Arms—(b) rate of Potuch The tree for a description of Wellias, espending Information in the Infants of Wellias, expending Infants. It also by the form	Dr. Routh Dr. W. Paley M. Rayaron Dr. T. P. Hesley Pr. Kwl 1	5 4 50 6 7
on Defenies Aminianal in Infants—its Prevention and Technicals Of Care of Acades, upplicative among from Chrome Fenicoluse Of their as Constituein the Army—thi rate of Polich The Care of the art of See ptension by of Weilag, especially with a large worm in the few amor Row Baser If prints Ir atchiby the reform On Junction Temp of Among a tymphatical Answ Disconnections	Dr. Routh Dr. W. Paley M. Bergeron Dr. T. P. Hisley Po. Kull Dr. S. H. Ware	34 50
 On Deferior American in Infant—its Prevention and Treatment On the American piperative among from Chrome Ferion its Other is Secretarized the Army—Chlerite of Potach the Crypte is also penaltic by if Wellas, especially Lipseworm in First Country Row Baser If points for atolyty of reform On Junctice 	Dr. Routh Dr. W. Paley M. Bergeron Dr. T. P. Hisley Po. Kull Dr. S. H. Ware	5 4 50 6 7
 On Defering A outmant in Infant—its Prevention and The traces. Of Class of Assites, applicably among from Chrome Periodics. There is a state on the Army—Chlorite of Potwhol The trace of a single principle of Weinas, especially a worm in the first arms. Row Baser. If potrice Proceedings of reform. On Janoike. Low of Arm meals in the first in Arms base contaction of the Type between the California. 	Dr. Routh Dr. W. Paley M. Rapron Dr. T. P. Hesler Po. Kull Dr. S. H. Warn	5 4 5 5 6 4 5 6 5 6 5 6 5 6 5 6 5 6 5 6
 On Defering A outmant in Infant—its Prevention and The traces. Of Class of Assites, applicably among from Chrome Periodics. There is a state on the Army—Chlorite of Potwhol The trace of a single principle of Weinas, especially a worm in the first arms. Row Baser. If potrice Proceedings of reform. On Janoike. Low of Arm meals in the first in Arms base contaction of the Type between the California. 	Dr. Routh Dr. W. Paley M. Rapron Dr. T. P. Hesler Po. Kull Dr. S. H. Warn	5 4 5 5 6 4 5 6 5 6 5 6 5 6 5 6 5 6 5 6
on Defense American in Infant—its Prevention and Testiment 98 Care of Assies, upprently among from Chrome Person its 18 Care of Assies, upprently among from Chrome Person its 18 Information the Army—tell rate of Potach 18 Information in the Army—tell rate of Potach 19 Information in the Care Information of Weines, espending to the Information in the Chine of Analysis and Information of Analysis and Information of Analysis and Information of Inform	Dr. Routh Dr. W. Paley M. Rapron Dr. T. P. Hesler Po. Kull Dr. S. H. Warn	STITUTE OF THE STATE OF THE STA
on Defense Aonanau in the anti-its Prevention and Tentrant Of Cress of Assies, apprently among from Chrome Ferton its Office of Assies, apprently among from Chrome Ferton its Office of Assies, apprently among from Chrome The Cress of Sentence of Anny-Office of Potach Office of Annual Cress of Anny-Office of Weilds, especially from the Chinds of Annual Sentence of Annual Sentence of Annual Sentence of Annual Sentence of	Dr. Rosin Dr. W. Palry M. Rajgron Dr. T. P. Hisler Pr. Kwill Dr. S. H. Warn Or. Passo in a read but Dr. John M. Carrer Dr. W. E. E.	STITUTE OF THE STATE OF THE STA

CONTENTS. VII.

SURGERY.

AFFECTIONS OF THE BONES AND JOINTS, &c.

AUTHOR. 40 On Resection of the Ankle-joint	PAGE. 91 96 100 107 111 112 115 115
direction and the second secon	
ODCANG OF CIDCULATION	
ORGANS OF CIRCULATION.	
49 Cases of Pophteal Ancurism successfully treated by Flexion of the Knee joint Ernest Hart, I'aj 50 Ancurem of the Pophteal Artery successfully treated	118
by Flexion and Compression Oliver Pemberton, Esq.	. 122
51 Hemorrhage from the Supericial Palmar Arch: Cure by Flexion of the Forearm	126 127
Windowski V	
ALIMENTARY CANAL.	
The state of the s	
53 On the Radical cure of Hernia with an Account of an Improved Instrument . and Notes of 40 Cases 74 Mr Wood's Operation for the Radical Cure of Hernia 55 On the Fornation of an Artificial Anus	128 130 132
56 Hemorrhoids and Prolapsus of the Rectum their Treatment by the Application of Nitric Acid Henry Smith, Esq.	
	774
57 Cases of Prolapsus Ani and Hemorrhoids Treated by	134
57 Cases of Prolapsus Am and Hemorrhouds Treated by the Ecraseur	134
57 Cases of Prolopsus Am and Hemorrhou's Treated by the Ecraseur . Redfern Duvies, Esq. 58 Prolopsus Am	134 136
57 Cases of Prolapsus Am and Hemorrhoids Treated by the Reraseur	134
57 Cases of Prolapsus Am and Hemorrhoids Treated by the Ecrascur	134 136
57 Cases of Prolapsus Am and Hemorrhoids Treated by the Ecrascur	134 136 136 137
57 Cases of Prolapsus Am and Hemorrhoids Treated by the Ecraseur Reaftern Davies, Exq. 58 Prolapsus Am 59 Fissure of the Anus 60 Double Fistula in Ano Treated by a Single Division of the Sphineter 61 On the Treatment of Sinus by the Injection of Iodine, particularly I istula in Ano Dr. Thomas Skinner Prof Fergusson Dr. Thomas Skinner	134 136 136 137
57 Cases of Prolapsus Am and Hemorrhouls Treated by the Ecrascur Redfern Davies, Esq. 58 Prolapsus Am 59 Fissure of the Amus 60 Double Fistula in Ano Treated by a Single Division of the Sphineter 61 On the Treatment of Sinus by the Injection of Iodine, particularly l'istula in Ano 62 Remarks on Stricture of the Rectum 63 Enomous Ranula 65 Enomous Ranula 66 Enomous Ranula 67 Enomous Ranula 68 Enomous Ranula 69 Enomous Ranula 69 Enomous Ranula 60 Enomous Ranula 60 Enomous Ranula	134 136 136 137 137 144 146
57 Cases of Prolapsus Am and Hemorrhoids Treated by the Ecrascur	134 136 136 137 137

ORGANS OF URINE AND GENERATION.

	and at a color with	AUTHOR. 1	AGE -
	On Cases of Median Lithotomy; with Remarks upon	2022000	AUL .
	the Operation	C. Wheelhouse, Esq.	147
66	Different Modes of Performing Lithotomy in the		710
	English Hospitals		149
07	On Lithotrity	F. C. Shey, Esq.	150
68	Lithotrity and Removal of the Fragments at the time	Prof. Fergusson	155
63	On a New Mode of Relieving Retention of Urine	Langston Parker, Esq.	156
70	The Value of Internal Incisions in the Treatment of	Homes Thomas Pag	157
	Obstinate Strictures of the Urethra	Henry Thompson, Esq.	
21	On the Treatment of Urethral Stricture	Robert Wade, Esq.	169
	On Long standing Disease of the Prostate and Bladder	Henry Thompson, Esq.	179
73	On some of the Difficulties attending upon the Treat-		
	ment of Stricture of the Urethra	Henry Smith, Esq.	181
74	On the Employment of Extract of Belladonna in the		
	Treatment of Irritable Bladder	Henry Behrend, Esq.	184
75	On Ampatation of the Penis	T. P. Teale, Esq.	186
	Silver Wires in Hydrocele		187
817	SUSTABLE AND PROPERTY AND ADDRESS OF THE PROPERTY OF THE PROPE	•• ••	100

	DISEASES OF THE SKIN.		
Print	On the Way of William system Albury In some Cute waste		
11	On the Use of Pigmentum Album in some Cutaneous	43.6 3 Thomas The	2.01
	Maladha	Alfred Freer, Esq.	187
	On Inciseens in Anthrax	Maurice H. Collis, Esq.	
	Chlohydric Add in Cutaneous Affections	M. Kletzinski	190
	Disinfectant Powder for Gangrenous Sores	MM. Corne and Demau.	r 190
	Lapus Superficialis		191
科智	On Sloughing Hed sores in Cases of Paraplegia	Dr. Brown-Sequard	192
83	on the Identity of Parasitic Fungi affecting the Human	•	
	Hurface	Dr. W. Tilbury Fox	193
84	Glycerine Cintment for the Itch	M. Bourguignon	197
	Fommade de Jaser for Scables	M. Delaharpe	198
		and a control po	
	•		
	NOTACES OF THE PART AND		
	DISEASES OF THE EYE AND	EAR.	
20	(Retructions of the Lachrymal Passages; a new Mode		
	of Treatment by Idlatation	E. C. Hulme, Esq.	199
87	Discuss of the Lachrynal Duct	II. Walton Esq.	201
5656	Corneal Fistula cured by Caut-rization with Counter	121 // wetore 130q.	201
	Puncture	- Dixon, Esq.	6/10
6.18	Cases of Ptesis at the Royal London Ophthalmic	Diaon, Esq.	202
6. 53	Houtel		
#L/		** **	203
UU	Cases of Nevas of the Eyelid, at the Moorfields Oph-		
	thatan He-pital	••	201
91	Cancerous Ulcoration close to the inner Canthus, treated		
	with Sulphate of Zinc Paste	Dr. W. Mackenzie	205
	Stratusanus		206
9.3	On the Structure and Movements of the Iris	Dr. Letheby	206
	On syphistic Inflammations of the Eye	J. Hutchinson, Esq.	208
	On Extraction by Lonear Incision	Benjamin Bell, Esq., ar	
			117.5

ARTICLE.	AT LITOR.	2141
96 On the Use of Forceps in Extraction of Catamet	France, 1/89	"111.
97 Night Blindness in Connexion with Scurvy	Dr. 1 Brusun	245
38 Acute Rheumatic Ophthalmia. Recovery under Mor		
phia Treatment	J Z Laurence Ust.	271
99 On the Symptoms, Diagnosis, and Surgical Tr atmon		
of Glancoma	J. W. Halke, Psy.	****
100 New Operation for the Relief of the Pain in Acute		
	H. Hancock, Esq.	2:7
101 Laudanum in Weak Vision of the Aged	Prot. Survey	224
	J. C Orens, Fsq.	224
109 Mb a Charlette I am and a	FF	223
103 The Oph mainoscope	RECESSOR OF THE COLUMN ENGINEERS	
		2.30
105 Removal of Foreign Bodies from the Ear	Dr. Archibald	2.51

MIDWIFERY.

AND THE DISEASES OF WOMEN, &c.

	On the Physical Diagnosis of Spurious Pregnancy Case of Abortion between the Third and Fourth	Prof. Simpson	233
2.114	Month, ending fatally from intractable Vomiting		
	3 111 3	Dr. T. H. Burker	236
1710	**	R. Jones, Esq	240
	On the Use of Oxalate of Cerium in the Veniting of	In Delles, 1884	24 20
109	*	Prof. Simpson	241
110	Pregnancy On the Induction of Premature Labour by Uterine	1 ray. Sampson	41.48 1
136	7 · · · · · · · · · · · · · · · · · · ·	Prof. Braun	242
		Dr. J. B Hicks	213
	New Tests for the Kiesteine of Pregnancy		245
	Appearance of the Yearly Ripening of Ova in Woman	Dr. Mattei	41.44
113	Suggestions on the Pathology and Treatment of Pla-	no. A of monthly	
	centa Prævia	Dr. A. S. Donkin	245
114	Placenta Pravia-Air-Pessary used to Plug and		
	Dilate the Os Uteri	J. J. Murray, Esq.	2.7.5
115	On some recent Cases illustrating the Physiology and		
	Treatment of Placenta Pravia	Dr. Robert Barnes	258
	On the Treatment of Phlegmasia Dolens	Prof. Simpson 🐞	2.39
	On the Pathological Anatomy of Pelvic Cellulitis	Dv.	264
118	On the Introduction of an Exploring Needle in the		
	Diagnosis of Pelvic Abscesses	Do.	268
110	On Vesico-Vaginal Fistula	Dr. George Buchanan	271
120	On the Treatment of Urethral Caruncles	Prof. Simpson	275
121	Diagnosis of Carcinoma Uteri		278
	On Intra-Uterine Polypi	Dr. A. K. Gardner	240
	A Convenient Mode of Treating Vaginitis and Super-		
	ficial Inflammation of the Cervix Uteri .	M. Foucher	281
19.1	On Prurigenous Vulvitus	Prof. Simpson	281
	On Praritus of the Labia in Females	Dr. Edward Rigby	283
	Arsenic in Pruritus Vulyzo		285
	A Case of Prolapsus Uteri, cured without Operation,		
	or the necessity of wearing a Pessary	W. E. C. Nourse, Esq.	285
194	Extirpation of an Inverted Uterus by Ecrasement	Dr. A. H. M'Clintock	200
	On Ovariotomy, with Remarks on the Means of	2771 211 211 211	
1 20	Diminishing the Mortality after the Operation	T. S. Wells, Esq.	289
7 *** 0	Unilocular Ovarian Cyst-Injection with Iodine-	1,10 17 (000) 2309.	
1,50		Dr. Savage and S. Welli	
	Successful Result	Esq.	298
797	()n Ornviolanner	1. Baker Brown, Esq.	300
	On Ovariotomy	Dr. F. H. Romsbotham	202

ARTICIE				AUTH)R	PAGE.
133 Remarks on the Internal E:	khibitior	of Turpe	ntine			
in Neuralgia and Puerperal	Disease	× .		Dr. Gond	ouin	305
134 On a Case of Infantile Syphil	is, with	Remarks	• 3	Dr. T. II.	Tanner	308
135 On the Treatment of Carcino	ma Uter	i		Prof. Sim	pson	309
136 Meshes Chrurgical Uses of Vi	ulcanize	d India-R	uhber	M. Gariel		318
137 Hydrocephalus				• •		322
1.38 Constipation in Children	• •					322

MISCELLANEOUS SUBJECTS.

139 A Temperate Examination of Homosopathy-No.			
The Principles of Homosopathy, with a few Hu		The Thomas House Hand	220
	• •	W. Braithwaite, Esq.	323 361
140 On the Influence of Vitality upon the Excretions		Dr. T. Inman	366
141 On Turch of tany	• •	F. C. Skey, Esq.	
142 On Idrogyarvies	• •	T. W. Nunn, Esq.	367
	• •		368
	• •	Dr. Bewley	370
	• •	M. Berthe	370
116 The Male bern in Stiake Bites	4	••	370
147 Arsenical Polsoning good Effects of the Carbona	te		071
	• •	CI 77 77	371
	• •	Charles Hunter, Esq.	371
A S. A. N. S. Walter and S.	• •		378
150 A New Piaretic	• •	Isaac Buerley, Esq.	379
	• •	J. Rhodes, Esq.	379
152 On the Loudeyment of Compressed Sponge	• •	Dr. Batchelder	380
131 the the Chronometry of Lafe	٠.,	James Paget, Esq.	384
	of	n . m .m.	600
Ozonized Olis	• •	Dr. T. Thompson	392
155 On the Use of Sacchamted Lime in Medicine	• •	Dr. John ('leland	393
156 On the Chlorate of Potash	••	Dr. Fountain	396
157 Chlorate of Petush	••	Weedon Cooke, Esq.	397
138 On the Use of Solid Perchloride of Iron	٠.	J. Z. Lawrence, Esq.	398
139 The Coal Tar Disinfecting Powder of MM. Corne a	nd		200
Demonux .	• •	••	399
160 Reports on Coup de-Soliel in H. M's 71st Regime		Th. 200 At	407
(Right Wing) in Central India, 1978	• •	Dr. W. Simpson	401
	٠.	Dr. G. Hameard	405
102 On the Internal Laployment of Medicines in Vapo		Dr. J. B. Nevins	407
163 Remarkable Effects produced by adding Sherry Wi	ne	m mr 4.7.71	100
to the Blood		Dr. Wm. Addison	409
184 On the Treatment of Aneurism by Compression	• •	S. A. Cusack, Esq.	410
	• •	Prof. Simpson	411
	• •	w	414
167 Removal of Rangs from Swollen Fingers	٠.	E. Garraway, Esq.	414
	• •	Dr. Carson	414
169 The Dietetle Treatment of Defective Lactation	٠.	Dr. C. H. F. Routh	415

INDEX.

GENERAL INDEX TO VOLS, XXXVII, XXXVIII, XXXVIII,

A SYNOPSIS.

CONTAINING A SHORT A RETRACT OF THE MOST PRACTICAL ABTICLES IN THE FOLLOW ING PAGES: SHOWING, AT A GLANGE, THE MOST IMPORTANT INDICATIONS OF TREATMENT PUBLISHED BY DIFFERENT WRITERS WITHIN THE LAST HALF-YEAR. (ARRANGED ALPHARETICALLY)

AFFECTIONS OF THE SYSTEM GENERALLY.

DIPHTHERIA.—Dr. Bristowe entirely disapproves of the application to the diseased surface of strong caustics and escharotics, and prefers the employment in all cases, of mild detergent gargles, or of warm milk, and such like bland and soothing fluids. For the threat affection is merely a local manifestation of a constitutional disease, and rarely kills except by involving organs, such as the trachea, and deeper tissues of the neck, which are beyond the region of the influence of such agents. Moreover, if applied to the surface of a thick false membrane, they are not likely to be of any use, and the removal of this membrane, even if possible, would only be followed by increased inflammation, and reproduction of the membrane. (Dr. J. S. Bristowe, p. 7.)

The following plan of treatment was found very successful during a severe epidemic of this disease last year, at an asylum for orphans at Croydon. There were fifty cases with only one death. R. Solutionis chlorinii 3ss; syrupi simplici 3ss; aquæ destillatæ ad 3vj. M. Fiat gargarisma sæpe utendum. R. Solutionis chlorinii gtt. iv; syrupi aurantii 3j; aquæ destillatæ ad 3ss. M. Fiat haustus 2ndå quåque horå sumendus. The dose was increased according to age. Calomel was given in doses of one grain and upwards, according to age. The diet, too, consisted of concentrated jellies, strong beeftea, wine, &c. After the third day, quinine was added to the chlorine solution. The same mode of treatment was adopted in adult cases; except, that, instead of calomel, the hydr. c. cretå was given. (Mr. G. Bottomley, p. 6.)

The plan I have invariably adopted, regardless of sex, age, or incubation of disease, has been to give an active emetic of antimonial wine, from half an ounce to an ounce, according to age; to freely cauterize the throat with solid nitrate of silver; to have a mustard poultice applied from ear to ear; the feet and legs plunged in a hot bath; and the patient confined to bed. After the emetic action has ceased, from three to five grains of calomel with five of compound extract of cologynth were given (or, for a child,

two grains of calonel with two grains of compound antimonial powder: and, four hours afterwards, the following mixture:—R. Grain education of the following mixture:—R. Grain education for the following mixture is a quire 5 mi. First mixt, cujus sumatur pais sexta 4tis horis. I gargle of chlorine solution must be frequently used to sponge out the fautes, it may be prepared by impregnating water as much as can be horne with the protoxide of chlorine. The diet should be at first farmaceous, and afterwards consist of strong broths and place. Shearly whey may be given alternately with quinine, which latter is of the greatest use, and must be given in large doses. Mr. J. C. S. Jennings, p. 12.0

Having first freely canterized the false membranes with lunar canstic, inject every hour against the fauces a solution of common salt, the strength of the solution being such as not to create names. The functure of iodine will also be of use as a topical application. The author places great reliance on this treatment. (VI. Roche, p. 12.)

It is of the greatest importance to arrest the local inflammation, and to that end nothing answers so well as painting the fauces over with a very strong solution of nitrate of silver, (15 grains to the drachin). Later in the treatment a weaker solution may be used, or Bietonnean's application, one part of hydrochloric acid to three of honey. But where the inflammation is more sthenic, inhalation of steam and soothing applications are desirable. Of all the medicines which present themselves for our choice, the tincture of the se-spatchloride of iron is the one upon which I chiefly rely. (Mr. T. H. Smith, p. 16)

MINDMATISM, Acute.—The two chief indications in the treatment of rheumatic fever are, 1. To prevent the formation of an undue amount of lithic acid or to favour its conversion into urea; 2. To be distate the elimination of the fibrine present in excess in the blood, the time care area agent of the local affections peculiar to the disease. Now, alkalies not only act as solvents for lithic acid, but also dissolve fibrine. In addition to this, their neutral salts, especially those of potash, are directed. Alkalies, therefore, appear to unite more completely than any other known remedy all the properties requisite in the treatment of an uncomplicated attack of rheumatic tever. Leanon pines, though in some cases acting beautifully, or a rantana, and heaves the latter of the two indications unfulfilled. The came to ry the said of eddine inc. Dr. G. Whitley, p. 25.)

In many (i) of rie many m great relief will be obtained by the cool in mental injections, to relieve the pains when severe. Of course the mental in intuitional treatment must be employed. In our case a man and not move his arm after more rheumatism, on measure of paint; the shaulder. The pain was removed by a single may chool. More thance, p. 375.

SYNOPSIA. AIII.

Science of potash must not be given in scattarina, with the idea that in chlorine something like a specific has been found for the disease—if so given it will fall into disrepute. It is a very valuable remedy for meeting particular indications in the treatment of disease, by arresting the ulcerative inflammation of the fauces, and by its arterialising properties, supporting the restorative powers of nature, when aided by other appropriate treatment. It may be combined with carbonate of ammonia, with the best effects. (Dr. Fountain, p. 396.)

SEQUELE OF MEASLES AND SCARLATINA.—M. Scoutetten, of Meiz, has devised the following method to prevent the unfortunate se quelæ so frequently supervening after an attack of measles or sealatina, as well as to prevent the necessity of confinement to the sick chamber for several weeks after convalescence. "As soon as convalescence commences, that is to say, when the skin is no longer and with the emption, he rubs over the whole body, slightly warmed oil of sweet almonds or olive oil, and puts the patient in bed again, for two hours. The next day he gives him a tepid bath for an hour. then places him in bed, and if the skin is very dry, a new friction with the oil is made. These two frictions and one bath are usually enough to remove all danger. Still, in severe cases, it is well, to avoid any risk, to repeat the means indicated from time to time. until the skin regains its suppleness. These precautions taken convalescents may be permitted to go out without fear of bad results." (p. 24.)

AFFECTIONS OF THE NERVOUS SYSTEM.

Coma.—Applied externally to the chest and limbs, and gently rubbed in, the external application of mucuna pruriens may be of use in comatose states from chloroform, narcotics, or other causes. (Mr. J. Rhodes, p. 379.)

Cerebral Excitement—Mania.—In cases of violent cerebral excitement, delirium tremens, and mania, everything points to the necessity of some sure, speedy, and active mode of allaying excitement and procuring sleep—yet the stomach is often highly irritable, or in such a state that it will not absorb medicines, or the patient even refuses to swallow at all. Of all cases, perhaps this is the one in which the value of the hypodermic injection of morphia is most clearly seen. Inject one-third to half a grain of acetate of morphia beneath the subcutaneous cellular tissue of any part of the body, and in a few minutes sleep will be procured. (Mr. C. Hunter, p. 371.)

Hypodermic Injection.—In inserting the point of the syringe, the part must first be rendered tense, and then, if the movement be quick and steady, little or no pain is caused. The tissue injected is

TOY. SYNOPHIS.

the note reticular tissue beneath the panniculus adiposus, as less pain is cured than it the injection is insorted just beneath the skin, and absorption is more rapid. To produce a constitutional effect, localization is not necessary. A good site to select is the inner part of the arm, as the skin is here thin and easily perforated. The dose administered must never be more than half the ordinary stomachic dose for males, nor more than a third for females, the object being to produce a certain effect with as small a quantity as possible. Wen bear narcotics much better than women. The fluid used should be made of that strength that three or four turns of the piston shall be an ordinary injecting dose. (Mr. C. Hunter, p. 40.)

Hydrogerijales.—In some cases great amelioration of the symptoms will follow the free use of croton oil as a counter-irritant. The humant croton oil, half a drachm; turpentine limiment, half an ounce must be rubbed, about every four hours, over the entire head, until a plentiful crop of pustules make their appearance. This plan of treatment was first suggested to the author by a case in which the cephalic symptoms supervened on the cure of eczema of the scalp, with profuse discharge. (Dr. J. Watson, p. 36.)

Neuralgia.—In cases of superficial neuralgia, especially facial, immediate and considerable relief will generally be obtained from the following local analyne application: two parts of sp. of wine, or mande-cologne, one of chloroform, and one of tincture of aconite; the finger covered with a piece of lint or soft thick linen, is dipped in the mixture and rubbed on the part for a few minutes. (Dr. Gueneau de Mussy, Med. Times and Gazette, April 2, 1859, p. 350.)

"OISONING.-In most cases of poisoning (unless the poison act with extreme rapidity) the loss of temperature of the body, if not the mamediate cause of death, greatly favours it. Out of 33 poisons experimented on, 27 killed chiefly by diminishing the tempera-From this fact we may learn how necessary it is to the succossful treatment of these cases that we should take means to prevent less of temperature of the body. It is extremely difficult to restore temperature when it is once lost. It is quite a wrong idea, with narcotic poisons especially, to rely upon antidotes, as we know but little concerning the anudotes of most of them. Certainly, coffee, ammonis, and alcohol have great power, and are very useful, in cases of porsoning by opium, and must be given as adjuvants to the other means employed. Some poisons stop the heart's action almost at once. If an animal be poisoned by tobacco, and the heart's action has ceased, it may be re-established by injecting blood into the carotide, towards the centre of the circulation, so that it passes into the cerenary arteries. This has never been tried in the human subject Dr Brown-Seguard. Dublin Hosp. Gazette, J / 10 14 / D 215

SYNOPSIS. Xv.

Narcotic Poisoning.—In cases of narcotic poisoning, emetics frequently cannot be swallowed, and the stomach-pump is not procurable; but in cold affusion we have a remedy always at hand, and one that in nearly every case, in which recovery is possible by any means, is promptly effectual. (Dr. R. Jackson, p. 38.)

- Poisoning by Strychnine.—A case of poisoning by strychnine is related by Dr. Bennett, of Sydney, in which apparently iodine conduced towards recovery. He explains its action by its forming an insoluble hydriodate of strychnine. (Dr. Bennett, Lancet, Oct. 29, 1859, p. 434.)
- PARALYSIS.—In cerebral paralysis, the excitability of the muscles in the paralyzed limb is often, but not always, increased. In lead palsy and traumatic paralysis, the muscular excitability is almost lost. In hysterical rheumatic and spontaneous paralysis, the paralyzed muscles respond normally to the electric current. (Dr. Althaus, Dublin Quarterly Journal, Nov. 1859, p. 424.)
- REFLEX PARAPLEGIA.—Dr. Brown-Séquard remarks, that if stryclinia be administered in the reflex form of paralysis, it will be advantageous. This is well illustrated in a case of paraplegia produced by exposure to cold and wet. But given in cases of paraplegia consequent on congestion or actual inflammation of the cord, strychnia will only aggravate the affection. (Dr. W. Moore, p. 34.)
- SUN-STROKE.—Probably sun-stroke is attributable to the functions of all the organs that free the blood from those matters that are injurious to the system being entirely or partially suspended, viz., the lungs, liver, kidneys, and skin. The blood is imperfectly oxydized, the bowels are confined, the liver torpid, the secretion of urine much diminished, and the skin hot and dry-the patient usually not having perspired for some days previous to the attack. No doubt this state of body is attributable to complete exhaustion following over stimulation of the nervous system. In the treatment rouse the patient as much as possible-administer brandy, wine, or ammonia liberally—dash cold water from a height over the head and nape of the neck. Calomel and croton oil should be administered, to act on the liver and move the bowels. Stimulant enemata and mustard cataplasms sometimes prove useful. The after treatment must consist of nourishment and stimulants, together with cold applications to the head, blisters to the nape of the neck, and acting on the liver and bowels. The head-dress at present worn in India affords no efficient means of ventilation—the crown rests on the top of the head. It should be of thicker material, and made of strong close basketwork, well padded, and should afford cover for the nape of the neck, and shade for the eyes, and be sufficiently strong to permit of its use as a support for the head, when the owner is in the recumbent position. (Dr. W. Simpson, 71st Regt., p. 401)

SYNOPSIS.

Tetanus—Poisoning by Strychnia.—Wourali poison is a direct sedative to the muscular system, causing complete relaxation of fibre. It is a direct antidute to strychnine. It does not appear to have been used in poisoning cases in the human subject, but Dr. Harley has succeeded in saving the lives of animals to which strychnine had been administered in poisonous doses. M. Vella, of Turin, has successfully used woorara in cases of tetanus at the French Military Hospital during the late war. In one case, which proved successful, two grains of woorara were dissolved in nine drachms of water, and compresses moistened with the solution were applied to the wound, the strength being gradually increased to fifteen grains in fourteen drachms of water, and the compresses renewed every third or fifth hour. This mode of treatment requires and deserves extensive trial, (M. Vella, Dr. G. Harley, p. 37.)

AFFECTIONS OF THE CIRCULATORY SYSTEM.

BLEEDING PILES.—()ne of the simplest and surest means for temporarily checking this kind of hemorrhage, is the application of perchloride of iron dissolved in glycerine, and applied on a piece of iint. (Prof. Simpson, Med. Times and Gazette, Jan. 22, 1859, p. 79.)

HEART DISEASE. -- Most cases of disease of the organs of circulation admit of division into two great classes, with different symptoms and causes, and requiring different treatment; the whole depends on whether the disease is at one or the other side of that great barrier, the mitral valve. To the one class belong diseases of the aortic valves; to the other, mitral lesions and obstructive diseases of the lungs, especially old standing bronchitis with wheezing respiration. Now, when death occurs immediately in the former class it is by syncope, in the latter by apnœa; in the latter there is congestion of all parts behind the mitral valve, the lungs, the liver, and kidneys, are congested, respiration is difficult, there is an acteroid have of the skin, the urine is scanty, and the engorged venous capillaries unload themselves, causing cedema of the cellular tissue of the lower part of the body. In the case of diseased aortic valves, however, this result is for a long time successfully opposed by the perfect closure of the mittal valve, after a time it may yield, and then the cases are practically the same; still it follows, that barring the risk of sudden syncope, the danger is much more remote in disease of the aortic, than in that of the mitral valves. As regards the principles of treatment, it will be found that in disease of the aertic valves, a tonic, and often stimulating place of treatment, is required in order to counteract the tendency to yielding if the venturalia wall. The sulphate of zinc, among modernal agence which, however, must only constitute a small part of our tonic plan of treatment), is very useful; but reliance may especially be placed on senega in these cases; it may be given along with hyoscyamus and nitric ether, and though an empirical remedy, the benefit derived from this medicine in palpitation from discased aortic valves, is "invariably great." On the other hand, in the mitral class of cases, we must direct our efforts to unload the congested vessels. The portal system must be relieved by free cathartics, after which a free secretion of urine may often be established. Free secretion from the bronchial mucous membrane is also of much advantage. Digitalis, squill, and calomel, a grain of each in a pill, is a formula in very frequent use by Dr. Addison. (Dr. G. II. Barlow, p. 43.)

Internal Hemorrhage.—The following styptic recommended by Dr. Warren of New York, will be found scarcely ever to fail in cases of hemoptysis or uterine hemorthages. Sulphuric acid 7,v., spt. turpentine, alcohol, aā 7jj. Mix the turpentine slowly with the acid, add the alcohol and keep in a stoppered phial. The dose is 40 drops, and it may be given rubbed up with sugar. (p. 127.)

POPLITEAL ANEURISM.—An interesting case of popliteal ancurism successfully treated by flexion of the knee-joint, was brought before the Royal Medico-Chirurgical Society by Mr. Ernest Hart. The tumour was globular, of the size of a small apple, situated at the lower and outer part of the popliteal space; it had a full beat but was not very near the surface. It was found, on very complete flexion of the knee-joint, that the pulsation in the tumour nearly ceased. After a week's preliminary rest, the leg was bandaged from the foot to the knee, (not covering the tumour) the leg was thoroughly flexed upon the thigh and retained in that position by the application of a stout roller, very little pain was caused, and on the morning of the third day considerable solidification had occurred. On the fifth day the tumour was hard and solid, and neither pulsation nor thrill could be detected, and the case rapidly progressed to the most perfect recovery. (Mr. R. Hart, p. 118.)

Mr. Cusack, of Steevens' Hospital, Dublin, applies compression by means of conical weights, which, suspended to a frame arching over the limb, may be exactly applied to the artery; five and a half to seven and a half or eight pounds, are generally required to arrest the pulse of the femoral artery completely. At first the circulation must only be partially arrested, and the weight must be applied every alternate hour. After the lapse of six or eight days the weight may be increased till the circulation is completely arrested, the pressure not being continued, however, more than an hour and a half at a time. This mode of applying pressure appears the best nither to suggested, as it approaches the nearest to manual pressure. It is easily applied, and has proved very satisfactory in its results. (Mr. S. A. Cusack, p. 410.)

VOL. XL.

Name of the consist of the superior of the perchloride of iron is manufactured in a solid form by Messrs. Hopkins and Wilhams, of . New Cavendish-street, in which state it is particularly manageable as a styptic. Another, and perhaps superior way of using it is to apply, by means of a spun-glass brush, a small quantity of the thick brown fluid, into which the solid perchloride kept in a bottle always deliquesces. It is particularly useful in such cases as excision of the tonsils, bleeding from the deeper-seated gums. &c. No inflammatory action follows the use of this drug. (Mr. J. Z. Lawrence, p. 308.)

WOUNDS OF THE PALMAR ARCH.—Compress the wound in the vessel by a firm roller, lay the fingers over this in a flexed position, and maintain them there, flex the hand on the forearm and the forearm on the upper arm, and render movement of the entire extremity impossible by the application of a roller from wrist to shoulder. The happiest results will follow this mode of treatment. (Mr. O. Pemberton, p. 122.)

Before having recourse to more serious measures, it is well to try the effect of flexion of the forearm upon the arm, placing a small pad of lint upon the wound, with very slight pressure. In country practice, where appliances are not at hand, this may be of much temporary, or even permanent use. (Mr. II. C. Johnson, p. 126.)

AFFECTIONS OF THE RESPIRATORY SYSTEM.

Acute Pulmonary Diseases.—Veratria given in very minute doses, and frequently, (five millegrammes, .077 of a grain troy, six or seven times a-day) does not produce the usual vomiting, but nausea and the other depressing effects are present. It will be found of great use in acute pulmonary affections, but must be avoided where there is any disorganization of the lung. Its action varies rather in different individuals. It may be given in a pill, with a little opium. (M. Ghiglia and M. Aran, p. 57.)

ASTHMA.—There is a remarkable tendency to habitude in asthma: that is, the disease having once assumed a particular form or pecuharity, has a great tendency to retain this. From this fact we may deduce a practical rule of considerable importance. When the asthmatic is going on well, leave well alone; keep him as he is; do not try experiments with him. If, on the other hand, he is going on ill, if his case has got into a rut, give it a shake, make some change, any change, no matter whether the object is very definite, or the therapeutics very rational, in the hope that, by breaking the existing habit, the patient's condition may be improved. It is an hazardous thing to make any change in the surroundings of an asthmatic whose symptoms are quiescent. (Dr. Salter, British Med. Jour., Aug. 13, 1859.)

The remedial action of strong coffee in relieving an asthmatic paroxysm is well known-but there are two or three practical hints with regard to its administration worth bearing in mind. It cannot be given too strong, and an excessive bulk is thereby avoided which oppressively distends the stomach, and its effects are less rapid. is best given without sugar or milk, and very hot. It should always be given on an empty stomach, as, if given after a meal, it retards digestion and thereby actually favours an attack. (Dr. Salter, Edin.

Med. Jour., June 1859, p. 1112.)

CROUP.—The advantage of repeated vomiting to aid in the detachment of the false membranes of croup is admitted by most physicians. Some use antimony, others prefer ipecacuanha, the action of which is less depressing. The sulphate of copper in addition to its emetic action possesses a very remarkable property of acting locally, and this peculiarity makes it superior to both tartar emetic and ipecacuanha. When a solution of this salt is employed, the secreting surfaces are so modified, that no more false membranes are formed, or if they are formed, they no longer present the plasticity which renders them so adherent to adjoining parts. The dose should be repeated frequently till vomiting is induced, and the solu-

tion tolerably concentrated. (Ir. Missoux, p. 55.)
Foreign Bodies in Trachea.—Tracheotomy.—Theopening required is large, in fact, sometimes as large as it can be made, if in a child of four or five years of age. There is no increase of danger or difficulty in making a large opening instead of a small one. It is little or no use employing forceps of any kind for the purpose of extracting the offending body, it is preferable to await the return of cough. which in the act of expiration, will inevitably carry the foreign body with the current of air through the larger and nearer orifice, in preference to the smaller and more remote one. (Mr. F. C.

Skey, p. 366.)

PHTHISIS.—It is found that the administration of ozonized oils has a remarkable tendency to reduce the frequency of the pulse. It was administered to fourteen patients. In two no such effect was observed, but in the larger proportion of the remainder the effect was very considerable, in some cases to the amount of twenty beats. Oils may be ozonized by exposure for a considerable time to the direct rays of the sun, after previous saturation with oxygen gas. (Dr. T. Thompson, p. 392.)

M. Bean observes that it is extremely rare that a case of phthisis is found amongst workers in lead, and accordingly recommends a trial of this mineral in cases of threatened or actual phthisis. He administers from two to sixteen grains of carbonate each day in pill, suspending the use of it as soon as the patient appears to be sufficiently impregnated. The patient must be supported by nourishing food, wine, tonics, and causing him to observe all the rules of a rational hygiene. (M. Beau, p. 55.)

Syphility C Pneumoni a.—There is an inflammatory consolidation of the lung which owes its origin to the poison of syphilis. An interesting case is recorded, in which it was associated with a papular cruption, and enlargement of one of the testicles. The treatment consisted of blisterings all over the chest, five grain doses of iodide of potassium, and four grains mercury with chalk, and conium, twice a-week. Subsequently the iodide of mercury with chalk, were given, till the gums became tender. (Dr. O'Connor, p. 54.)

AFFECTIONS OF THE DIGESTIVE SYSTEM.

ASCARIDES.—Use a simple injection of water, containing five, ten, fitteen, or twenty drops of sulphuric ether, according to the age of the individual, and repeated more or less frequently as necessary. The author states that this agent has a double advantage. It destroys the larve and allays the spasmodic and nervous symptoms produced by the animals. (Dr. Compérat, p. 147.)

Ascittes from Chronic Peritonitis.—This disease is especially hable to come on in young females. There is distinct fluctuation, emaciation, generally diarrhea, and frequently heetic fever; in some cases tubercular disease of the lungs may be detected. In fact the relations of the affection are decidedly with the strimous diathesis, and the treatment must be accordingly. Cod-liver oil must be given internally, and must form a sort of basis for the treatment; at the same time syrup of iodide of iron may be advantageously administered, if there is no diarrhea, and the iodide of mercury ointment rubbed over the abdomen. Keep your patients as much as possible in the open air, and administer a nourishing but unstimulating diet. If there is diarrhea or abdominal pain, opiates with or without astringents must be given. In two cases out of 36 tapping was resorted to; in one it materially assisted the cure, in the other it gave no permanent relief. (Dr. Paley, p. 58.)

Constitution in Children.—The chief cause of constitution in nurselings is the insufficiency of sugar in the breast milk. Speedy and full relief may generally be given by ordering some sweet sugarwater to be taken every day, besides the breast. (Dr. Jacobi, p. 322.)

Deficitive Assimilation in Infants.—This disease, which is the most frequent and fatal of all infantile disorders, is almost always the result of want of breast-milk, and the use of injudicious food. Fatty acids, and already artificially digested animal and occasionally vegetable substances, and especially breast-milk, must be supplied. It is a very good plan to mix human and cow's milk. Simple juice of meat is very useful. The remedies of use are phosphate of soda, producing an emulsion with fats, thus allowing of their assumulation; chloride of potassium to dissolve carbonate a line of physical flags to coable the blood to take up more car-

SYNOINE. XXI.

sonic acid, and thus hold in solution more carbonate of lime: these substances severally strengthening muscular and hony tissue. Nutrate of silver and sulphate of copper are the best remedies for the diarrhesa. Wine is also required, even in large quantities Dr. Routh, p. 57:

invergera. - Succharated Line. - The ordinary lime-water in use is far too weak a preparation to develope to advantage the therapeutic properties of lime. Now lime combines with sugar, forming a soluble saccharate of lime, the solution of which is sufficiently strong to act as a valuable tenic and antacid. For practical use, the following is the best mode of preparation: Slake 8 ounces of quick lime; rub up with it 5 ounces of white sugar; add 1 pint of water; stir for some time, till the hard stiff masses which the sugar and lime are liable to run into are as much as possible dissolved; then filter. The product should be perfectly clear, and of only a slightly yellowish tint. A solution made in this way will contain 18 grains of lime in every ounce by weight, and altogether about 106 grains o' solid matter to the ounce. This may be given in doses of from 20 or 30 to 60 minims or more, in a glass of water, two or three times a day. This solution is a powerful antacid, and probably the best we have, since it is stronger and pleasanter than magnesia, and instead of weakening digestion like the alkalies, one of its most important uses is as a tonic of the alimentary system in cases of obstante dyspepsia. As such, its action is much more powerful than that of the vegetable stomachic tonics. It is particularly serviceable in gouty constitutions. It is not in the least constipating like chalk, but affords a very valuable means of overcoming gradually that chronic constipation which is so frequent an accompaniment of dyspepsia. (Dr. J. Cleland, p. 393.)

FISSURE OF THE ANUS.—It is unnecessary to divide the extire sphincter, as several examples have lately occurred which have been effectually cured by the division of a few of the muscular fibres of the sphincter at the situation of the fissure. (Mr. H. Hancock, p. 136.)

FISTULA AND SINUS.—Many or most cases of fistula in ano and sinus from other causes may be cured by injection with a small quantity of a very strong solution of iodine, and this mode of treatment, though not superseding the use of the knife, should be tried before having recourse to the latter. The solutions used may be 3ss., 3i., or 5ii. to the ounce of spirit of wine, with a little sulphuric ether as a quick solvent of the iodine, or if it is not wished to keep so large a quantity ready prepared, from gr. iiiss. to gr. xv. may be dissolved in 5i. of sulphuric ether, just when a case requires the treatment. A very fine gold nozzle may be fitted to Dr. Alex. Wood's hypodermic injection syringe (Young, Prince's Street, Edinbro', will supply this), and you have everything complete. Supposing it to be a case of fistula in ano, you would proceed as follows: First clear out the

fistula by injecting with a little plain tequid water, then, having dilated the rectum with Weiss's female dilator, and inserted a little cotton wool into the rectum to absorb any superfluous injection and so preserve the rectal inucous membrane, insert the nozzle of the syringe previously charged with the stronger injection into the fistula a little way, and inject about 30 minums into the part. A suppository containing half a grain of morphia may then be introduced, and the operation is complete. The author describes it as an operation which in his bands has rarely failed. (Dr. T. Skinner, p. 137.)

Double Fistula in Ano.—Avoid multiple divisions through the sphincter ani. as there is no doubt but that if there are two or more divisions of the sphincter muscle, subsequent union does not admit of such an amount of control over its functions as when only one is made. In some cases, the skin between the two fistulæ may be divided, and then this common cavity connected with the gut by a single division of the sphincter. (Prof. Fergusson, p. 137.)

Hernia, Radical Cure of.—Mr. Redfern Davies, of Birmingham, has operated on 40 cases (not including the more recent ones) with success in thirty-seven. He recommends as an improvement in Wützer's instrument, that, by means of a screw, the blades be made to expand at the end towards the abdomen, so that the funnel-shaped canal may be accurately filled by a plug whose sides are inclined towards its own. The transverse diameter of the instrument is also made much greater than the antero-posterior (as recommended by Mr. Spencer Wells), whereby the ring is converted into a mere chink, thus affording additional security against descent of the gut. (Mr. R. Davies, p. 128.)

Jaundice.—The first principle to be borne steadily in mind in all cases whatever, their cause, is, to promote in every way the functions of those organs compensatory by which elimination of bile is effected, using warm and vapour baths, saline purgatives, and the various kinds of diuretics. In employing blisters, cantharides is inapplicable, from its action on the kidneys.

In jaundice from acute congestion of the liver, leeches, cupping, fomentations, &c., over the region of the hver, and saline purgatives to unload the engarged portal system, are the curative measures most likely to be followed by relief. When the congestion is primary, due to spirit drinking, and such as may go on to inflammation of the adhesive character, mercury pushed to slight specific action is indicated; but, in cases of closure of the ducts, mercury can do no good, here we can only carry out the principle of elimination by other channels. (Dr. S. II. Ward, p. 72.)

Probabilis And And Hemorrholds,... The Ecraseur,... The ecraseur is not so frequently used in these cases as it deserves. Two very interesting cases are related in which a speedy and safe our

SYNOPSIS. XX.II

was effected, and that after the nitric actly plan had failed. (Mr. R. Davies, p. 134.)

STRICTURE OF THE RECTUM.—New Instrument.—A very ingenious and useful instrument for dilatation of strictures of the rectum will be found figured and described at p. 145. It is intended to to obviate the great difficulty experienced in the treatment of these cases, from the irritable anus and sphincter ani muscle being dilated as much as the rectum above. When introduced, the instrument is in very small compass, but when the stricture is reached, two parallel blades, situated quite at the upper end of the instrument, are made to expand by means of a screw in the handle. Thus the stricture is dilated, whilst the sphincter is not stretched in the least. Instruments on the same principle might be employed with advantage in strictures of other parts besides the rectum. (Mr. A. Todd. p. 144.)

ULCEROUS STOMATITIS.—During the Crimean war ulcerous stoma titis, amongst the young soldiers, assumed an 'endemo-epidemic' form. The most rapidly efficacious method of treatment was found to consist in the exhibition of chlorate of potash, preceded or not by an emetic. If, after some little time, no benefit followed this treatment, the dry chloride of lime was substituted for the chlorate of potash. In most instances, however, a speedy cure resulted from

the use of the chlorate alone. (M. Bergeron, p. 59.)

AFFECTIONS OF THE BONES AND JOINTS, &c.

Acute Periostitis.—The chief difficulty in diagnosis lies in its great resemblance to acute rheumatism. In both there is high inflammatory fever, with swelling of the limb and great pain, increased by pressure; but the point of difference is here—that in periostitis little or no pain is caused by pressure, unless it be made over, or in the course of, the affected bone. The swelling is not limited to the larger joints, to the ankle or to the knee, but occupies a wider range, and is codematous in character. The conclusion in favour of periostitis will be much strengthened if it be found that the attack of inflammation succeeded an injury. In the treat ment, do not rely on local depletion, with calomel and opium; make an early and free incision down to the inflamed periosteum, not waiting even for evidence of matter, for the mischief is then done, the periosteum is already separated from the bone, and the bone will die. (Mr. T. B. Curling, p. 111.)

DISEASE OF THE TARSUS.—Conservative Operations.—Disease of the tarsus in the vast majority of cases commences in the hones, and affects the articulations secondarily. The following is an opitome of the resources of conservative surgery in disease of these parts. If the os calcis is the primary seat of disease, (and this bone is the most frequently affected of all.) a T-shaped incision having been made, gouge away the diseased osseous structures.

This may generally be done with success, for however extensively the cancellous structure of the bone is involved, provided an external sound shell exists, the removed bone in most cases will be replaced by tibroid tissue, which, in time, to a great extent ossifies. If the whole bone is involved, and the astragalus partially, the former must be entirely removed, and the latter gouged as far as necessary, Disease commencing in the astragalus rarely long continues confined to it, and it is the result of experience that gouging operations. even if performed early, are rarely of much benefit; excision ought. as a rule, to be practised in preference. If the ankle-joint and calcaneum have become implicated, in addition to removal of the astragalus, the diseased parts must be gouged from the under surface of the malleolar arch and upper surface of the calcaneum, and the two brought together. A strong and even movable foot will result. When the scaphoid or cruciform bones are primarily diseased, (the middle of the three cruciform is so most frequently) the great tarsal synovial membrane becomes implicated, and Chopart's operation may be required, though sometimes partial removal, and gonging similar in principle to the operations already mentioned, may suffice. The cuboid is seldem primarily diseased. Infants and very young children frequently recover from caries of the tarsal bones with abscess by proper constitutional and local treatment, so that operations on them should not be hastily performe I. (Mr. J. Erichsen, p. 96.)

Painful Cicathix Afrea Amputation.—This is not so much induced by the nerve or its bulb being implicated with the cicatrix, as by the adhesion and connexion of the cicatrix by firm, unyielding, cartilaginous structure to the periosteum or hone. Separate the cicatrix from the periosteum by a subcutaneous incision, and prevent reunion by from day to day moving the skin backwards and forwards. It is no use excising the cicatrix, in the end matters are only made worse. (Mr. II. Hancock, p. 112.)

PIROGOFF'S OPERATION.—In this operation, as performed by Pirogoff, the articular surface of the tibia is left untouched. Dr. Eben Watson, of Glasgow, considers that the unfortunate issue of some of Pirogoff's cases may be attributed to his following this plan of operating, and recommends a modification of the operation, by which the articular surface is removed—thus the inflammation is ren level simply adhesive, otherwise the cartilage must inflame and supparate, and be partly absorbed, partly discharged, before osseous muon can take phase between the tibia and calcaneum. The mode of operating recommended by Dr. Watson will be found detailed at p. 101.

Its correct of the Ankle-Joint.—Syme's and Pirogoff's operatoms or modifications of them, are frequently performed in diseases of the ankle joint, when, by resection of the joint the otherwise healthy foot might be saved. These former operations should never be performed unless there is so large an amount of disease as to preclude all hope of preserving a good and useful foot. Mr. Hancock at the Charing Cross Hospital has now performed this operation four times, three times successfully, and once unsuccessfully owing to pulmonary affection. The success of the operation depends upon leaving the anterior and posterior tibial arteries intact, and not opening the sheaths of the tendons: the only parts out through are, the skin, the external and internal lateral ligaments, and the bones. Neither the extensor nor flexor tendons, the anterior nor posterior tibial arteries are injured, consequently, there are no vessels to tie; when successful, the patients are able to walk and run about with scarcely any perceptible limp. (Mr. H. Hancock, p. 91.)

Suppuration of the Knee-Joint.—Free Incision.—When suppuration has taken place in the knee-joint, it is absolutely necessary that an incision should be made. You will commit a fatal error to leave a patient unrelieved of abscess in the interior of the joint, under the impression that you are likely to add to the mischief already existing by opening so large a joint as that of the knee. The incision must be free and the cyst allowed by its inherent faculty of contraction to force out its own contents. It is desirable to leave the opening patent, and not to bring the edges of the wound together by strapping and bandaging, although this practice may sometimes succeed. (Mr. J. Adams, p. 107.)

SURGICAL FRYER. - Veratrum Viride. - The veratrum viride has been very extensively used lately in America, and its effects are thus described by practitioners of that country: The administration of a concentrated tincture reduces the pulse and keeps it reduced with a certainty, and to a degree, which can be effected by no other drug. Dr. Barker and others have published cases where they have thus brought down the febrile pulse in a few hours, from 140 beats to 80, 60, or less in the minute, and kept it at will at this lower standard. It thus is a powerful arterial sedative; but it has this further important action, that it is a powerful depurant, stimulating the action of the skin, kidneys, and secretory functions generally. It thus may be substituted for colchicum in the treatment of acute gout and rheumatism; most probably it depends for its therapeutical effects upon the common principle of the genus, veratrin, if so, we may fulfil the same therapeutic indications with the species which is in all our European pharmacopeias, the veratrum album. (Dr. J. Y. Simpson, p. 115.)

AFFECTIONS OF THE URINARY ORGANS.

ALBUMINOUS ANASARCA.—Tannin is useful in all cases where it is required to arrest hemorrhages, to give tone to the organism, or to

remedy morbid secretions. Tannin given in doses of 3ss. to 3i per diem, will be found to cure anasarca or cedema developed passively and occurring simultaneously with albuminous urine; its curative action is soon manifested in return of appetite, more normal state of urine, &c. (Dr. P. Garnier, p. 84.)

CATHETERISM.—Precaution.—When the bladder is greatly distended do not draw off the whole of the urine at once, especially if in a debilitated person, for it has occasionally happened that a fatal syncope has occurred, or depression from which the patient has never rallied. After removing thirty or forty ounces, withdraw the remainder in the course of half an hour or an hour. (Mr. H. Thompson, p. 179.)

DIABETES.—Some interesting cases of diabetes are related. The following is the treatment pursued in the first case: B. Acid. sulph. dilut. Ziij.; liq. gent. compos. Ziiss. M. cap. coch. parv. ter die ex aquæ cyatho. B. Aloes. barb., ext. saponis, āā gr. xxiv.; pulv. ipecac. gr. iv.; ext. nucis vom. gr. iij. M. et div. in pil. xij. cap. j. vel plures h. s. ut opus f. A diet of bran cake, meat, and a free use of vegetables was enjoined. Dr. Camplin's bran cake is composed of ground wheat, bran, eggs, butter, and milk. It contains scarcely any starch. "It at once checks the formation of sugar, and arrests the whole train of morbid actions." The formula for its preparation will be found detailed at p. 425, Retrospect, vol. xxxv. (Dr. J. M. Camplin, p. 80.)

DIVARESIS.—The constant drain on the system deteriorates the health, so that this affection sometimes becomes very serious; frequently it ends in phthisms, or may first pass on to mellituria. Tonics, as iron and quinine, must be freely given, along with opium or Dover's powder, and the health maintained in every way possible. Belladonna may be given with advantage, in small doses, as in irritability of the bladder, with a view of controlling the irritability of the

kidneys. (Dr. Willshire, p. 82.)

DIURBTIC.—The "Erodium Cicutarium" or "Stork's-bill", an indigenous plant growing in sandy places near the sea side, possesses great diuretic properties, and may be advantageously employed in many cases of dropsy. The mode of preparation is to infuse an ounce of the dried plant (every part of it) in three pints of water, stewing it in an oven, until two pints remain. The dose for an adult is four or five fluid ounces three times a day; probably more may be needed in some cases. (Mr. 1. Byerley, p. 379.)

Hydrocele.—Mr. Pollard, at St. George's Hospital, adopts with success the treatment of hydrocele recommended by Dr. Simpson, see last vol., p. 277) viz., the introduction of metallic wires through the sac, leaving them there for a few days; they completely drain it of fluid, and excite sufficient inflammation of an adhesive character to ensure the obliteration of the sac. (p. 187.)

- IRRITABLE BLADDER.—An interesting case of irritable bladder is related which had existed nearly a year and a half, and, as usual, was chiefly noticeable in the night, two or three times the natural amount of urine being passed, pale and insipid, but otherwise normal. Many other remedies had been tried without benefit. Extract of belladonna was then given, at first in doses of the twelfth of a grain gradually increased to the third of a grain, and ultimately a grain and a half was given during the day. The specific symptoms were then quite established—there were nausea and dilated pupils. The irritability of the bladder was almost entirely subdued, and now, six months after, the patient remains perfectly free from any recurrence of her distressing complaint. The whole course of administration occupied rather more than six weeks. This is a disease which is chiefly met with amongst the upper classes of society, and seem to be in great measure dependent on luxurious and enervating habits. (Mr. H. Behrend, p. 184.)
- LITHOTRITY.—Cases should be rejected if there be-1. Manifest disease of the kiddey. 2. The urethra so contracted as not to admit with facility a lithotrite of ample size. 3. The bladder so intolerant as to be incapable of retaining its urinous contents for three or four hours; and on the other hand, a bladder of low nervous susceptibility. 4. Much enlargement of the prostate gland. Moreover, in performing the operation, the following cautions should be observed: The quantity of water injected should not exceed four or five ounces. No attempt should be made to open the instrument till it has been pushed thoroughly home into the bladder. In the act of separating the blades, pass the lower blade downwards towards the bottom of the bladder that the upper blade may not be painfully pressed against the neck. The instrument should retain the mesial line throughout the entire operation, there being neither necessity for, nor advantage in, directing the instrument to the right or left. At the first operation do as little as possible, breaking the stone only once. No advantage is gained by an absteunous diet. (Mr. F. C. Skey, p. 150.)
- Lithotrity and Removal of the Fraqments at the Time.—A "favourite method" of Mr. Fergusson's for expediting the cure in cases of lithotrity is to remove, by means of a light instrument, as many of the fragments as can be got away, at the time of operation. The stone must be broken by a larger and stronger instrument. There is sometimes a little bleeding and difficulty at the meatus. Fragments too large to be voided spontaneously, may thus be removed.

 Mr. W. Fergusson, p. 155.)
- Penis, Amputation of the.—To obviate the difficulty in keeping the urethra open after amputation of the penis, immediately after the operation introduce a director into the urethra, and by the aid of a bistoury slit up the urethra and skin covering it, up to the extent

of about two thirds of an inch. Now place a single suture on each side of the slit, uniting the uncous membrane to the skin. Perfect parency is thus given to the orifice, which is of a long oval form; and after circitrization is complete there remains a free opening into the urmany canal. The same plan may be adopted with equal success in the treatment of obstinate stricture at the glans penis. (Mr. T. P. Teale, p. 186)

Retention of Unine.—Two interesting cases of retention of urine are related, in which the obstruction (probably stricture, aggravated by temporary spases of the urethral muscles) was overcome by passing down to the part, and pressing against it for a short time, a small piece of potassa tusa inserted into the end of a wax bougle: the wax was well moulded over all but the extreme point of the caustic. A small gum elastic catheter without the stilette may be substituted for the bougle. In both cases the passage of a catheter had been found impracticable. (Mr. L. Parker, p. 156.)

STRICTURE OF THE URETHEA.—Dilatedion.—Generally the improvement in the stream of usine is commensurate with the mechanical progress, yet occasionally cases occur in which there is an absence of improvement in the power of micturition, although dilatation has been carried on successfully. This may be owing to one of two causes. The bladder may expel the urine with its wonted power, but that fluid, coming in contact with the irritable portion of the caual, causes it to contact forcibly. Or it may be owing to loss of power in the bladder. The former requires for its cure complete duatation of the urethra; the latter frequent emptying of the bladder artificially; and both, the greatest attention to the general locatch. In fact, the loss of power in the bladder is often but a a symptom of constitutional debility. (Mr. H. Smith, p. 181.)

Treatment by Coasien.—Of course, simple dilatation, in the great majority of cases, will succeed in giving satisfactory and permanent relief. If this fails, we have two resources, viz., the division of the stricture by some cutting instrument, or the application of caustic. External division is an operation justifiable only in the most urgent cases and especially when enterior to the bulb should, whenever possible, be superseded by internal division. In intractable cases, as a general rule, the use of the poinssa fusa will be attended with the most beneficial results, rendering it unnecessary to resort to the kunfe. The cases in which potassa fusa is most applicable, are-1. Strictures having a cartilaginous hardness, impermeable as well as permeable. 2. Strictures which bleed more or less freely on the introduct on of the boule. 3. Irritable strictures. structure is in termenble, commence with a piece of caustic, the use of a pin's head, inserted into a hole in the point of a soft longie, and prevented by a little laid from acting before it reaches the stricture. Press this Leutly against the stricture for a minute

SYNOPSIS. XXIX.

or two, and then withdraw. If the stricture is permeable, pass the bougie several times slowly, backwards and forwards over the whole surface of the stricture. This must be repeated as necessary. For a long hard gristly stricture the quantity of the caustic must be mereased. (Mr. R. Wade, p. 169.)

Internal Urethrotomy. - The treatment of strictures in which dilatation has been proved to be only a slight palliative, by internal division, is now but rarely practised. Yet, though by no means taking entirely the place of external division, it may with the greatest advantage be employed in a large number of cases in which incisions are required. It is a much simpler, easier, and less severe operation than external division. No instrument must be employed capable of making a deep incision, for, where a deep incision is required, external urethrotomy should be practised in preference. The cutting instrument used must be drawn from behind forwards. thus the incision is not jagged, as it would be if made during the passage of the instrument from before backwards. The limits of the stricture being first accurately defined, the whole of the contracted part must be divided. After division, the borders of the incision must be maintained apart by catheterism, and healing by first intention thus be prevented. Internal division is almost devoid of risk when anterior to the scrotum, and it is an almost invariable rule that the non-dilatability of strictures increases with their proximity to the external orifice of the urethra. Thus the indications for internal division and its freedom from danger happily coexist in relative proportions. (p. 157.)

The best instrument for ordinary use is that designed some fifteen years ago, by Civiale, of Paris. The shaft is almost equal in size to an ordinary No. 3, the bulb to No. 5. By means of the bulb the extent of the narrowing can be accurately told. When the instrument is used, the bulb having been passed about half-an-inch beyond the obstruction, the cutting side must be directed downwards, and directly in the middle line; the blade is made to project to the required extent, by means of an apparatus in the handle, which accurately controls it, and the instrument is firmly pressed on the floor of the urethra and slowly and steadily drawn outwards, about an inch or an inch and a-half, so as fairly to divide the obstructing potton. For smaller strictures than Civiale's instrument as applicable to, Mr. Thompson has invented a smaller instrument on essentially the same plan. Woodcuts of both will be found at pp. 164, 165. (Mr. II. Thompson, p. 163.)

AFFECTIONS OF THE SKIN, &c.

BARBUNGLE.—Incisions.—The great point to be observed in making incisions in anthrax or carbuncles, is to make them sufficiently deep to go through the inflamed skin and areolar tissue to the healthy

MAY. SYNOPSIS.

parts beneath. It properly done the flaps made by a crucial incision will be quite loose when taken hold of by the forceps, and will curl up and leave a widely gaping wound. (Mr. M. H. Collis, p. 188.)

- Contraction from Burns.—Simple Extension.—Mr. Holmes Coote, at St. Bartholomew's Hospital, recently tried simple extension, perseveringly carried out, in one of these cases. By suitable appliances, the head and chin were kept extended, with the effect of bringing back the lower lips and jaw to their natural position. The effect of extension is to cause absorption of the adventitious material present in the cicatrix, and thus permit the latter not only to become soft and extended, but permanently to remain so. (Mr. H. Coote, p. 145.)
- Environas.—Pigmentum Album.—Paint the part over pretty thickly with common white paint, going a little beyond the edge of the inflammation. "I have never yet met with a case of this nature where it has not done immense good." The light, shining skin soon becomes wrinkled and shrunken, and after repeating the application once or twice the inflammation very rarely extends. This same application may be used with advantage in other forms of cutaneous affection. (Mr. A. Freer, p. 187.)
- Camerian Sones.—Disinfecting Powder.—Mix and rub together 100 parts of plaster of Paris and from 1 to 5 parts of coal tar; they form a grey powder with a bituminous odour. This powder may either be used as it is or made to cohere into a sort of ointment by olive oil, when it may be spread on lint and used as a dressing. It is found that this powder absorbs the pus and other morbid products engendered on the surface of sores, and moreover destroys all offensive odour. (MM. Corne and Demeaux, p. 190.)
- Lupus Superficialis—The treatment adopted at the Charing Cross Hospital, as exemplified in a case reported under Dr. Willshire's care, consists in the internal administration of arsenic, dulcamara, elin bark, and of cod-liver oil, the latter being likewise used as a local application. This treatment is described as having produced "a really wonderful effect." The reduess is diminishing and slowly disappearing. By some, this form of lupus is considered essentially scrofulous. (Dr. Willshire, p. 191.)
- Scables.—Cilycerine Cinturnt.—The ointment made according to the following formula, is recommended by M. Bourguignon as having been successful in his hands. One general friction, not preceded by soap ablittons, is sufficient. Yelks of two eggs; essence of lavender, lemon, and muit, of each seventy-five drops; essence of cloves and cinnamon, it each 120 drops; gum tragacanth, half a drachm; well pounded sulphur, twenty-six drachms; glycerine, thirty-two drachms. Total weight, nearly eleven ounces. Mix the essences with the yelks of egg, add the gum tragacanth, make a

SYNOPSIS. XXXI.

good muchage, and then add very gradually the glycerine and sulphur. Glycerine may also be advantageously substituted for axunge in the preparation of the well-known Helmerich ointment. A formula for its preparation will be found at p. 197.

Shoughing Bedsores.—These do not depend entirely on pressure, for they often come on where there is no pressure. It can be ascertained by experiments on animals, that injury of the cord is followed by sloughing, in parts not exposed to pressure. The real cause is irritation of the cord; sloughing of this nature may be prevented, or if it have occurred, may be checked, sometimes with great rapidity by alternately applying hot and cold applications; apply sometimes eight or ten times a day morsels of ice to the parts threatened or affected, then apply a very hot poultice. Thus, a change in the circulation of a part, and consequently a change in its nutrition, is produced. (Dr. Brown-Séquard, p. 1922.)

AFFECTIONS OF THE EYE AND EAR.

CANCEROUS ULGER NEAR THE INNER CANTHUS.—An irregular slowly-spreading cancerous ulcer close to the inner canthus of the eye was successfully extirpated by the sulphate of zinc paste, as recommended by Dr. Simpson. A few grains of the sulphate having been heated to drive off the water of crystallization, were powdered and made into a thick tenacious paste, by the aid of a little glycerine. A little of this was applied over the ulcer and its hard edges, and the whole covered with dry lint. The unhealthy surface and hard edges were destroyed, and the wound cicatrized. In these cases it is found by experience that extirpation by the knife does not answer, the scirrhous hardness and obstinate ulceration returning. (Dr. W. Mackenzie, p. 205.)

Corneal Fistula.—A case lately occurred to Mr. Dixon at the Moorfields Ophthalmic Hospital, in which a minute corneal fistula occurred in the cicatrix, left after extraction of cataract. At first, cauterization with a probe coated with nitrate of silver was tried alone, but without success. Subsequently a counterpuncture was made at the lower part of the cornea, and the cauterization at the same time repeated. Whilst the cornea was thus flaccid, the old fistula completely and firmly healed. (Mr. Dixon, p. 202.)

GLAUCOMA.—The following operation proposed and performed by Mr. Hancock in a case of acute glaucoma possesses several advantages over Graefe's: Introduce a Beer's cataract knife at the junction between the cornea and the sclerotic, the blade being inclined downwards, the point proceeding inwards and backwards. The place of puncture is at the commencement, on the outer side, of the lower semi-circumference of the cornea. The point of the knife having traversed obliquely the layers of the cornea, must be pushed

XXXII. SYNOPSIS.

backwards towards the interior of the globe, thus dividing the chary ligament in a portion of its extent. On the removal of the knife, a quantity of discoloured fluid will escape. The advantages are that by the situation and oblique direction of the incision, a tree drainage of the fluid is provided for. The nis is very slightly wounded. The pupil is preserved of its original size, and in its normal situation. The operation is very simple, and is performed remarkably quickly. (Mr. H. Hancock, p. 227.)

Iridectand - Grack's operation of excision of a portion of iris in glaucoma is not so much employed as it ought to be. Many cases are allowed to drift into hopeless blindness, which by it might be restored to useful vision. The mode of performing the operation has been previously described. The immediate effect is to lessen the tension of the globe: the wound heals in a couple of days, during which the aqueous humour drains away, but when union is quite complete, and the integrity of the anterior chamber is restored, the globe still continues naturally soft. The most complete results are obtained in acute cases, where the improvement of sight is very rapid and striking, and the cessation of pain equally so, when the operation has been early performed. An ordinary Beer's extraction kinfe is a safer instrument for incising the cornea than the lanceshaped knife of Jacger. The fact that removal of a portion of iris does lessen permanently the excessive tension of the globe, is undeniable, though the modus operandi is still unexplained. (Mr. J. W. Hulke, p. 222.

Nevus of the Evelips.—The simplest plan of treating these is, by drawing a little floss silk through them, steeped in perchloride of iron. The following inflammation will be slight. If this fails, severer remedies may be resorted to. (p. 204.)

New Openthalmoscope.—A new opththalmoscope, the invention of M. Graefe and his assistants, is now in use at the Ophthalmic Hospital, Maorhelds. It is litted with adjusting tubes, rests for the patient's head, &c. It is rather a cumbrous affair, and requires to be fixed to the table or elsewhere, before use. The advantage of it is, that the proper focus having once been adjusted, a dozen observers may look through in succession, and all see exactly the same part of the retina without any trouble. Its cost as at prosent made is about five gameas. (M. Graefe, p. 230.)

Aroun Brounds in Science is more frequent than is generally supposed. The affection appears simultaneously with scurvy, and disappears studiently whenever a better diet is obtained, as fruit, fresh meat, and vegetables. It probably depends on an altered state of the retina, the scorbatic blood not nourishing, and blunting the nervous pulp. (D. A. Bryson, p. 219)

xxxiii.

- Obstructed Lacherman Passage.—Mr. Hulme, at the Central London Ophthalmic Hospital generally treats these cases, when the nasal duct is the part obstructed, by gradual dilatation, by successive sizes of probes, made of virgin silver, that they may more readily hend. In the first place the canaliculus is slit up, not quite to the nasal sac however, and then the probes are introduced, a small one at first, which is bent over the edge of the lid and cut off. At the end of three or four days this may be removed, and a larger one introduced. (Mr. E. C. Hulme, p. 199.)
- Sclerotitis and Iritis.—Give a quarter of a grain of hydrochlorate of morphia every third hour, fomenting the eye frequently with warm water—the majority of cases yield to this very simple treatment, especially those in which intense pain is a prominent symptom; but a certain number of cases remain, in which the old plan of treatment is the better to pursue. (Mr. J. Z. Lawrence, p. 221.)
- SOFT CATARACT —It is well known that when soft cataract is treated in the ordinary way, by being broken up with a view to solution, it" is often dissolved very slowly, and not without ultimate injury to the visual powers of the eye But by the operation of linear extraction, or, in other words, extraction through a small section, the pieces may be successfully removed at once. The incision of the cornea is made by means of a triangular-shaped knife, sharp at the point, keen on both edges, and about two and a half or three lines broad at the base. It should enter the cornea near its outer margin, and pass horizontally in front of the nis, until the whole length of the cutting edges has entered the anterior chamber; it is then withdrawn. The capsule must then be broken up, and the fingments brought into the anterior chamber. Most of these will come out with the gush of aqueous humour. Others may, if necessary, be removed by a small silver scoop; but there is no objection to a few small fragments being left; they will rapidly be absorbed on the resecretion of the aqueous humour. (Mr. B. Bell and Dr. P. Watson, p. 215.)
- STRUMOUS CORNITIS.—In children, what is called strumous corneitis, is in most cases the result of a congenital syphilitic taint, and the remedies directed against it should be chosen accordingly. Mercurials and iodides should be given, at the same time supporting the system by tonics and a liberal diet. The mild mercurial ointment should be tubbed in behind the ears every night at bedtime. Ptyalism must never be induced. If the intolerance of light be great, the occasional employment of blisters behind the ears may do good. (Mr. J. Hutchinson, p. 214.)
- WEAR VISION IN THE AGED In the case of aged persons whose sight is becoming enfeebled, and requires the aid of convex glasses, you, xi.

XXXIV. SYNOPHIE

great advantage is derived, supposing no nervous lesion exists, from painting every evening the eyelids and brow with landanum, and allowing this to remain all night. (Prof. Nascar, p. 228.)

MIDWIFERY, AND THE DISEASES OF WOMEN.

ACUTE PERITORITIS AFTER ABORTION.—Chloroform.—Chloroform when given in full doses, either by inhalation or swallowing. depresses and brings down the rate of the pulse from 90 or 80, to 70, 60, or less. This may be taken advantage of in some instances of disease, especially acute serous inflammations. Dr. Simpson relates a very interesting case of acute peritonitis after abortion; the pulse was weak and scarcely perceptible, ranging above 150, and there was little hope of the patient surviving. Chloroform was given to relieve the intense pain, when the pulse was found to sink down to 100, or less, and became stronger and steadier; and as long as the action of the chloroform continued, the pulse continued thus greatly lowered in rate, and improved in power. The patient was kept for sixty consecutive hours under its influence, and the great abdominal tenderness and tympanitis were then almost entirely reduced, the patient being in a much more satisfactory state. The pulse never rose again to any very high rate, and she recovered Prof. Simpson, p. 116.) nicely.

CAOUTCHOUC AIR-BAGS —At p. 318 will be found some illustrations of M. Gariel's ingenious application of caoutchouc air-bags. One bag may be used either as a pessary in displacement of the uterus, as a plug in uterine hemorrhage, or as a dilator of the os uteri. On the same principle M. Gariel treats strictures of of the urethra, esophagus, cervix uteri, &c., and similarly the nasal fosse might be plugged in epistaxis. In all cases the bags are introduced collapsed, and when introduced are inflated either by a bag insufflator or syringe. (p. 318.)

Defective Lactation.—Dieteic Treatment.—Experience proves that much may be effected by proper diet; the food should be "analogous." First among the grains are lentil powder, or the so-called revalenta; but pea soup and bean soup have also a marked effect in improving the flow and richness of milk. The lentil and bean, however, are preferable to peas, when they are as easily procurable. Shell fish, as systems, are peculiar in containing much phosphorus. If, on trial, they do not produce urticaria or roseola in the child, they will on the above account be advantageous, as the phosphates are beneficial to both mother and child. (Dr. C. H. F. Routh, p. 415)

Figure 7: Mount of the Utinus—In the case of fibrous tumour developed in the utiline stroma, the best treatment, if any treatment is necessary, is to cut down upon it, making a deep incision

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through the mucous membrane of the uterme cavity, through any intervening tissue, down to the tumour. We thus allow the tumour to enucleate itself, and to transform itself into a fibrous polypus, permitting at some after period an easy removal. We moreover partially destroy the congeries of enlarged and congested vessels enveloping the tumour, and, knowing the marked tendency which these tumours have to degenerate when disturbed, we may hope that some subacute inflammation may take place, resulting in a supparative disorganization. (Dr. A. K. Gardner, p. 280.)

- Ilemorrhage from Cardinova Uteri.—In cauliflower excrescence of the uterus, the hemorrhage is occasionally most violent and alarming. Simply plugging the vagina does not suffice to check it, and the use of some powerful styptic means becomes necessary. Of these the simplest and surest is the perchloride of iron dissolved in glycerine. It may be applied by a sponge or piece of lint. Tannin also is very useful; it may be applied in the form of a medicated pessary; it rapidly caggulates the effused blood, and thus prevents the further flow. (Prof. Simpson, p. 315.)
- Ovarian Tumour—Injection of Iodine.—In most of the cases recorded in which iodine has been injected into ovarian cysts, some four, six or eight ounces of the strong tincture have been used, and many of the subsequent ill effects were owing to the rapid absorption of so large a dose of alcohol. It is better to use an aqueous solution, sufficiently strong to cauterize the secreting lining membrane of the cyst. In a case successfully treated by the author, a scruple of iodine and half a drachm of iodide of potassium were dissolved in an ounce of water. The pain caused by this became very severe in the course of an hour and a half. Opium was given freely, and next day the pain had abated. Wine and quinine were administered for some weeks after the operation. (Mr. S. Wells, p. 299.).
- OVARIOTOMY.-Never proceed to operate without first making an exploratory incision. Never operate in cases in which there is coexisting disease of some important organ. By thus selecting cases, the mortality after this operation will be materially lessened. It is remarkable that frequently the most successful cases and those in the most advanced stage of disease, whilst the most fatal are often in an early stage of development, and the general health comparatively little injured. In securing the peduncle, the ligatures formerly used are almost or quite superseded by the use of hare-lip pins or clamps, the suppuration within the abdominal cavity incident to the former being avoided by the use of the latter. It is probable, however, "that the écraseur may completely do away with the ligature and the damp." Cotton wool is the most conifortable covering for the wound. Complete excision of the cyst is preferable to injection of iodine, which, although proved to be occasionally successful in those rare cases when the cyst is unilocular,

xx vi. synopsis.

yet its effects even in these cases are uncertain, and sometimes deadly. (Mr. T. S. Wells, p. 289.)

If a proper clamp be carefully applied, as recommended by Mr. Mutchinson, no vessels require tying, and the sloughing pedicle is properly secured externally. During the operation two assistants should carefully cover the wound with warm wet flannels, so as to prevent the extrusion of the intestines, and especially the admission of air into the peritoneal cavity; the air in the room should be warm, not less than 66° to 70° Fah., and the same should be maintained for some days after the operation. Be careful lest the cut edges of the peritoneum be caught by the sutures or pins employed in bringing the edges of the wound together; the first suture should be applied close to the pedicle, and others at every half inch upwards. Opium and wine should be administered to the vatient an hour before the operation, this is a point of great importance; if the pure opium of commerce made into pills direct from the mass be used, and given by the mouth, most patients will be able to take opium who would not otherwise bear it. Adhesions do not offer any objection to the operation, indeed, it is doubtful if the peritoneum is not so thoroughly altered from its . normal character, as to be less prone to inflammation on this very account. Adhesions abouid be forn through, never cut. (Mr. I. B. Brown, p. 201.)

Pelvic Abscess.—The exploring needle is never used to more advantage than when employed for the exploration of pelvic abscesses, when they happen to be unusually difficult or doubtful in their diagnosis. The best exploring needle is a long slender thread-like trocar, with a wire stylet passing through it, and this instrument may with safety be passed into the most important organs, and the most malignant tumours. Inflammatory pelvic furnours feel fixed and immovable to a degree seen in the case of no other morbid growth, and more particularly when occurring in the broad ligament,—their most common seat—and lying close to the illium, they feel so hard and adherent that they might almost be mistaken for an essenus tumour. (Prof. Simpson, p. 268.)

Philiamasia Doless—In the treatment of this affection, which depends essentially on a toxenic state of the blood; the first and first important indication of general treatment is, depuration of the blood by exerting the various organs of elimination to increased activity by their anoropriate stimulants. An emetic, or a mercurial purgrive condition with inecessanaha or antimony, may be given at first, but not so as to produce debilitating effects. Perhaps small and repeated do es of alkaline salts, are, as a general rule, the safest and most efficient remedies to fulfil this indication. Tonics and stimulants are rather required than any antiphologistic measures, and of these iron and quanto are the best. The best

SYNOPSIE. XXXVII.

local treatment is, to wrap the limb up in cotton wood, and then encase the whole in oil silk, to prevent the escape of the insensible perspiration; the limb should be slightly raised in bed. Towards the end of the case a flannel bandage neatly applied from the toes upwards will greatly favour resorption. (Prof. Simpson, p. 259.)

PLACENTA PREVIA.—Air Pessary.—An interesting case is related by Mr. Jardine Murray, of Brighton, in which the os uteri being dilated sufficiently to admit two fingers, and syncope impending from the hemorrhage, a flattened caoutchous air-pessary was introduced between the wall of the uterus and the presenting surface of the placents. The pessary being then inflated by menns of the attached syringe, it acted admirably as a direct plug and dilator of the osuteri. Whenever from time to time the trickling of blood recurred, it was effectually checked by further dilatation of the pessary, by a few strokes of the syringe. In two hours the os was sufficiently dilated to admit the hand, and though turning was necessary, as the shoulder presented, the case was soon brought to a favourable conclusion, (Mr. J. J. Murray, p. 255.)

Pargnancy.—Kiesteine in the Urine.—If a little rennet be added to the urine of a pregnant woman, it considerably accelerates the deposition of kiesteine, and thus renders this more eligible as an aid to our diagnosis of doubtful pregnancy. If when the deposit is well formed we add to, say half an ounce of the turbid urine (taking the lower portion) a few drops of strong solution of animonia, and boil for a minute or two, and we obtain a semi-inucous, almost tremulous mass, our opinion as to the presence of kiesteine is strengthened. By a mode of preparation described at p. 244, the juice of the rennet may be always kept ready at hand for use. (Dr. J. B. Hicks, p. 243.)

PREMATURE LABOUR. Induction of.—The following is the mode of procedure followed by Prof. Braun, of Vienna: Soften in hot water the end of a well-oiled catgut bougie, a foot long and from two to three lines thick and pass it along the index finger with a twisting movement into the uterine cavity, until only a portion, equal to two fingers' breadth, remains in the vagina. The bougie so passed always excites pains in from six to twenty hours, does no injury to to the membranes, and is to be removed only just before the discharge of the waters, or the birth of the child. (Prof. Braun, p. 242.)

PRURIGO OF THE VULVA.—This may be relieved, and generally cured, by the assidnous and persevering application of a solution of borax, five or ten grains to the onnee of water, or in a little infusion of tobacco. An continent of the iodide of lead, or of bismuth and morphia is very useful. Chloroform applied locally in the form of vapour, is one of the most certain means which can be employed.

xxxviii. synopsis.

These remedies should be alternated. In the more obstinate cases astringents will be found of much use, alum, or aluminated iron, or tannin. Of course the general health of the patient must be attended to. Arsenic, aqua potassa. and other alterative medicines of that class may be required. (Prof. Simpson, p. 281.)

Pseudocyesis.—Diagnosis.—There is a form of spurious pregnancy, in which there is a firm unyielding swelling of the abdomen, often supposed to be due to the enlargement of a gravid uterus, but which is in reality due to a tympanitic state of the bowels and a peculiarly tonic condition of the abdominal muscles; and the abdominal walls are so firm and tense, and resist the pressure of the hand so effectually as to render an adequate examination utterly impossible. In such cases as this give chloroform; under its influence, if deep enough, the abdominal muscles will become perfectly relaxed, and on pressing on the abdomen the walls will give way before your hand, and sink backwards until you can feel the spinal column quite distinctly. This curious affection is probably owing to some affection of the diaphragm, which is thrown into a state of contraction, and pushes the bowels downwards in the abdominal cavity. (Prof. Simpson, p. 203.)

SPONGE TENTS, To Make.—Compression of the sponge is best executed by means of a copying machine, or in default of this, by laying it between pieces of board upon which heavy weights are laid. If desired to be at hand at all times it must have been kept for weeks or months under the compressing power. When wanted to be used as a tent, the compression should be effected by winding some thread or thin cord around a piece of clean, well-moistened sponge, removing the thread after the sponge has become thoroughly dried. Or, the sponge may be soaked in a solution of gum arabic before winding, and the tent afterwards smoothened into a proper shape by means of a knife. The winding is facilitated by transfixing the sponge by an awl which is afterwards removed. The tent should always be prepared with mucilage, and not with water, when intended to be used for dilating the canal of the cervix uteri, or any other part where moisture might induce premature expansion, i.e. before it can be properly inserted; also when it is desirable to avoid rapid dilatation, which sometimes causes considerable pain and uneasiness. When the tent can be introduced with facility, the mucilage may be dispensed with; and when it is to be introduced into any internal part it should be transfixed by a needle and thread for its withdrawal. (Dr. Batchelder, p. 380.)

URETHRAL CARUNCLES.—If these florid painful growths be removed by the knife alone, even if the piece of mucous membrane upon which they are seated be also removed, a permanent cure is seldom effected. The use of caustics is not attended with better results. The actual cautery alone will destroy these growths effectually. An SYNOPSIA

non of proper size and shape, adequately heated, may be employed. or the requisite degree of heat may be applied through the gal vano-caustic wire. The latter method is especially useful when the caruncles extend up the urethra higher than the orifice, because you can introduce and apply the wire, before heating it by the transmission of the galvanic current. Apply immediately afterwards cold water and cloths soaked in it; and subsequently treat the ulcerated surface, after the slough separates, with very frequent applications of black wash, zinc lotion, or other surgical applications. Though this is the best mode of treating these growths, yet even this is not absolutely a certain method of cure, as cases now and then occur in which the growth will return in spite of all. Round the larger projecting tumour a number of small painful red spots of mucous membrane generally exist, and the removal of these is essential to the radical cure. The best local application to relieve the irritation and pain is an ointment made up of two drachms of the dilute hydrocyanic acid of the pharmacopæia te an ounce of lard. A bit of this ointment, about the size of a pea, applied to the part three or four times a-day, often relieves the pain more effectually than any quantity of opium administered internally. or than any other form of local anodyne. (Prof. Simpson, p. 275)

UTERINE EXCITEMENT.—Bromide of potassium has a decidedly sedative effect upon the generative system. Dr. Simpson recommends its use in spurious pregnancy. Some time since Dr. Locock advocated its use in cases of epilepsy in females apparently having a monthly return. (Prof. Simpson, p. 235.)

Vaginitis, with Superficial Inflammation of the Cervix Uteri.—
Introduce every morning, with the assistance of the speculum, a good-sized pledget of cotton wool, well smeared over with tannin ointment, into the vagina, bringing the pledget in contact with the cervix. By means of a thread attached to it, this may be withdrawn by the patient, either in the evening or next morning, and the parts having been well washed out with cold water or weak alum water, a fresh pledget may be introduced. By a little practice attents scon learn to apply the cotton wool for themselves. [M. Foucher, p. 281.]

VOMITING OF PREGNANCY—(Incide of Cerium.—Cerium has a peculiar sedative and tonic action on the stomach, resembling in some degree the action of the salts of silver and bismuth. It is of all remedies the most generally useful in cases of obstinate vomiting from pregnancy. It does not invariably nor certainly act thus in these cases, but it is more certain than any of the remedies previously in use. The oxalate is the salt most readily procured. It may be given in doses of one or two grains three times a day, or oftener. (Prof. Sumpson, p. 241.)

MISCELLANEA.

- An asthesia.—Rectified Sulphuric Ether.—Rectified sulphuric ether should be used as an anæsthetic agent, "to the entire exclusion of chloroform" This opinion is founded on the safety of its administration. In no case has death been known to result from its employment, although in very extensive use in the hospitals of America. The effects of sulphuric ether pass off sooner, and less vomiting, nausea, and headache follow its administration. A bell-shaped sponge, with a concavity large enough to admit the nose and mouth, is all that is required in its administration. The greatest disadvantage is the large amount required, viz., from four to eight ounces, which is the average quantity—and anæsthesia is not so speedily induced as by chloroform. (Dr. G. Hayward, p. 405.)
- MEDICATED VAPOURS .- Local Employment of .- Many diseases of the greatest importance, though perhaps constitutional in their commencement, and best treated by constitutional remedies, are in their termination strictly local, and no longer amenable to the class of remedies before employed. Such are cases of chronic bronchitis, chronic affections of the chordæ vocales, the eustachian tubes, and passages of the nose. In these cases local remedies are required, and are only not used on account of the great difficulty in getting at the parts; an impalpable powder of alum, gain, and morphia, may be inhaled or forced into or through these parts with considerable facility and much benefit. In one case of chrome bronchitis, the expectoration was reduced from a pint and a half to half a pint daily, with corresponding benefit to the patient. In many cases of this class much benefit is derived from the smoking of mercurial cigarettes, (a formula for which will be found at p. 409.) This principle may be further developed, probably with much success, in the treatment of hitherto intractable diseases. (Dr. J. B. Nevins, p. 407.)
- SNAKE BITES.—A decoction or broth of the leaves near the root of the common male fern, polypodium filix mas, has been used as a secret remedy in Australia, as a specific for snake bites. Though the experiments intherto made cannot be said to be satisfactory, it might be tried by medical men in the army, if nothing better is at hand. Probably a fincture would be more powerful. (Mr. Underwood, p. 370.)
- Swollen Finger. To Reman a Rina from.—Wind a geel of cotton evenly round, beginning at the extremity of the finger, and bringing each coil into close apposition with the preceding, until the ring is reached; having then threaded a needle with the cotton, and passed it under the ring, carefully unwind the thread from the finger, the ring follows each coil as it is successively unrolled, and by almost imperceptible degrees is brought over the knuckle and removed. Mr. E. Garraway, p. 411;

PRACTICAL MEDICINE.

DISEASES AFFECTING THE SYSTEM GENERALLY.

ART. 1.—ON FEVER—THE DUALITY OF ITS SOURCE. By Dr. Wm. Addison, F.R.S., &c.

Dr. Addison starts with the assumption that "fever is the expression of disorder in the corpuscles of the blood;" then, as these corpuscles derive the materials of their growth and nourishment from two sources, viz., the atmosphere and the plasma, the argument is continued that they may be disordered by injurious matter derived from these two sources. Thus we have two forms of fever, designated respectively contagious and hectic. Yet in common with other cellular bodies, the corpuscles of the blood possess considerable power of resistance to disease. It is not every passing impurity of the atmosphere, nor every injurious change of quality of the plasma, that establishes symptoms of fever. Hectic fever is produced by the effects of a local disease (as pulmonary suppuration, or suppuration owing to necrosis of bone,) on the plasma of the blood. To show that a local disease may and does produce changes in the blood plasma, an experiment is detailed in which agglutination of red corpuscles and formation of colourless matter, could be seen in the capillaries of a frog's foot, as the result of irritation-these altered blood elements passing into the circulation along the dilated veins. The author then continues :]

No one can doubt that the fluid of the blood is altered, and may be distempered, by unwholesomeness of diet, and by neglect of the daily excretions by the skin, bowels, and kidneys. It is also evident that these common sources of distemperature of the fluid of the blood must operate not only in persons in health, but also in persons who may be affilicted with chronic forms of inflammation, such as are present in necrosis of bone, in diseased joints, pulmonary consumption, &c. And if, in these last mentioned examples, distemperature of the fluid of the blood from errors in diet, or other such causes, concur with distemperature from absorption of spoiled matter from places of chronic suppuration, then there will be deuteroputhy of the plasma, or disturbance of the qualities of the fluid of the blood from two points at the same time; namely, unwholesomeness of food and absorption of morbid matter. And it follows from the physiological relations subsisting between the corpuscles and the fluid of the blood, that an increasing

debasement of the qualities of the fluid must at length disorder the corpuscles.

But one of the chief points we have been arguing for, is the therapeutical relations of inflammation to the fluid of the blood. Suppuration is a means whereby injurious matter is eliminated from the plasma; and granulations and pus may perform the office of a depurating organ vicariously. Now we are saying that chronic suppuration and ulceration will occasion deuteropathy of the plasma, and thereby tover. This seems an incongruity. A little consideration, however, will show that it is only seeming incongruity. Diet sustains life and health only by measure; it is pathological in excess and by deficiency. Heat or temperature contributes to life and health only by measure. Oxygen, an essential constituent of the atmosphere, is an element of health and life only by measure; any great variation from a mean amount is pathogenetic. Too much or too little would equally occasion disturbance of health.

So likewise of the matters we are discussing: the process of repair in the commonest injuries has its pathological as well as its therapeutical aspects. The reaction upon which cure depends may be too much, or too little, or too long about. Granulations may be languid, or indolent, or deficient; or they may luxuriate, and usurp the place of fibrous tissue when fibrous tissue is needed for reparation. And fibrous tissue may hold its ground when osseous tissue is demanded for cure. This is sometimes the case in fractured bones. In ordinary contusions, great swellings appear and disappear. In their appearance, matter from the plasma of the blood must have become stationary in the part. In their disappearance, this matter must have been absorbed again into the blood. There must be, therefore, in these cases, in some way or other, a ready passage for elements from the injured tissue into the fluid of the blood.

Analogously, inflammation, as a depurative reaction in distemperatures of the fluid of the blood, may be hindered and interfered with in various ways. There may be too much or too little of it; and certainly it is very often protracted by the persistence of the blood-distempering causes. If, then, there be a ready passage—to and fro, as it were—between the fluid of the blood and the common tissue, it is not difficult to perceive that interference and hindrances may interrupt, or even reverse, the action in this particular.

The ordinary process of repair, then, has a double aspect; and so, also, has inflammation. And our argument is, that protraction or chronicity in either of them introduces the liability to absorption of spoiled material, and that thus therapeutical reactions may operate retroversely and pathologically upon both parts of the blood; the fluid first, and then the corpuscles.

But, that we may give an outline of the argument as it relates to hectic fever, we take as examples necrosis of bone, gout, and scurvy; and, in contrast with these, scarlet fever. Acro is of bone produces inflammation. There are hindrane to the removal of the dead home; Placefore inflammation processed perfected supplication and alteration. The eigenfully weak in the patient; they disable him from taking exercise; digestion is impaned;

and the functions of the depurating organs are disturbed.

This is one source of distemperature of the plasma. Distemperature of the plasma aggravates the existing inflammation; but the antecedent—the dead bone—cannot, in the case we are contemplating, be removed. Therefore disorder must proceed, until at length, from the places of suppuration, morbid matter obbs back into the circulation; and the plasma, thereby theroughly disordered, reacts upon and disorders the corpuscles, and heetic fever, more or less, appears. Upon this interpretation of the sequence of events between dead bone and fever, to care the fever the blood corpuscles must be relieved from their disorder; to relieve them, the qualities of the plasma must be improved; to amend the qualities of the plasma, the chronic suppuration must cease; and that chronic suppuration may cease, the dead bone must be taken away. We all know that the effectual removal of the dead bone will cure the fever.

Errors in diet by excess produce distemperature of the plasma. And if the depurating organs, or some of them, fail in removing the distemperature, inflammation arises. In gout, the patient is surrounded with every comfort. The error in diet is most probably one of excess; it can, therefore, be easily interdicted; the antecedent can be readily removed; and, by medicine, the depurating organs can be stimulated to a more active working. For these reasons, distemperature of the plasma is concluded to be simple; its qualities are disordered from manageable sources, which may be attacked and abolished before disorder is communicated to the cornuscles. Inflam-

mation in gout is, therefore, acute, and without fever.

On the other hand, in scurvy, the errors in diet are those of deficiency or unwholesomeness, and are much more difficult to deal with, especially where persons are crowded together in unhealthy localities, or limited to camps or ships. The individuals are poor, or, from other circumstances, cannot command the necessaries of life. Therefore, forms of inflammation, which in the rich are simple and acute, are here (or in the poor) chronic, and pass on to suppuration and ulceration, as in the sailors before mentioned, whose bare legs and feet were bitten by mosquitoes; upon which example we observed that because the unwholesome diet and confinement could not be changed, therefore the bitten parts passed into chreme ulcers. And if, in person, thus situated, with forms of chronic ulceration from continued unwholesomeness of diet, or other privations, merbid matter should be continually ebbing book into the circulation from places of chronic ulceration, the clements of fever, from a double debasement of the plasma, would exist; and fever thus arising would obviously be diffarent from fover arising through miasms in the air.

In searlet fever, it is concluded, that disorder of the blood begins, not with the plasma, but in the corpuscles. The illness commences. not with forms of inflammation, but with symptoms of fever. has been no error in diet: a miasmatous air has acted on the blood; a specific poison is generated; and the plasma is distempered posteriorly to disorder of the corpuscles. But (here as in small-pox) no natural depurating organ seems adapted for the removal of the poison of scarlet fever from the plasma; therefore inflammation arises that is to say, reactions between the plasma and the common tissue. The forms, amount, and duration of inflammation in scarlet fever, indicate the amount and severity of the disorder of the blood. Without these reactions, the patient would die from a poison shut up in the blood; with them, in their severest forms, there is a battling for life. When a joint has been crushed, death would take place from mortification, were there no reaction; but, this established, the patient is saved from the first and most pressing danger, though afterwards he has to pass the ordeal of inflammation, abscess, suppuration, ulceration, and very probably hectic fever too. as best he can, or suffer amoutation for a chance of life. In scarlet fever, to cure the inflammation, the plasma must be freed from poisonous matter; and no more must enter it. That no more may enter it, the corpuscles must cease to generate and excrete a poison. Now, from the course observed in normal cases of an exanthematous fever, we may probably conclude that the corpuscles pass through their disorder in from four to six or eight days. When their disorder has passed, no more poisonons matter is discharged from them into the plasma; and, no more poisonous matter mingling with the plasma, the inflammatory reactions and the natural depurating organs together succeed in restoring the plasma to its natural state: whereupon, the blood regaining its normal constitution, inflammation comes to an end, and the patient is cared. The pathological and therapeutical sequences are the same as in small-nox.

In the midst of these therapeutical actions and reactions for the depuration of the blood in fever, it would seem that a depurating organ is sometimes coereed, as it were, to an increased and incongruous working; matter not naturally found in the secretion of the organ appearing in it at the crisis of the fever. In the performance of this enforced duty—the elimination of poisonous matter from the plasma—the parenchymatous elements of the organ may be overtasked and injured. Thus, in scarlet fever, the poison in the blood sometimes occasions parenchymatous disease of the kidneys; and, in such cases, there is evidence also of inflammatory reactions in the common tissue of the organ. This complication may have the same reflex effect upon the blood as chronic ulcerations. Specied material from the overbuthened kidacys may ebb back again into the circulation; and a new blood-distemper may be inaugurated from elements of urine

retained in the plasma. Such being the case, there would be present the antecedent of a second or reactionary fever; namely, deuteropathy of the plasma—that is to say, distemperature—from these of the kidneys, superposed upon the remains of the polar of tender five. And it is in perfect accordance with the argument, that a secondary fever from disease of the kidneys should be more apt to appear as a consequent of the primary fever, where the inflammatory reactions in the skin are too slight or insufficient for the full and effectual discharge of the poison. But it is to be observed, that the second fever is not a relapse or reappearance of the first; it is another fever of different origin. The first fever was occasioned by an aërial miasm; the second is occasioned by a debasement of the plasma acting injuriously on the corpuseles of the blood.

Let us give a brief summary of the facts and of the arguments.

In necrosis of bone, the pathological series begins with dead bone. If this cannot be taken away, it ends with fever, from deuteropathy of the plasma disordering the corpuscles of the blood.

In pulmonary consumption, the pathological series begins with tubercles in the lung. There are hindrances and difficulties in their discharge: suppuration is made chrone; and the phenomena end with fever from deuteropathy of the plasma.

In scurvy, the series begins with unwholesomeness or deficiency in diet, or other privations which cannot be changed. Ulcerations arise; and the series may end with fever, from deuteropathy of the plasma.

In these examples—namely, hectic fevers—disorder of the blood-corpuscles is posterior to a debasement of the fluid in which they swim; and forms of inflammation, protracted for longer or shorter periods, precede the fever.

On the other hand, in the contagious primary fevers, the pathological series begins with disorder of the corpuscles. It ends with forms of inflammation; because distemperature of the fluid of the blood is, in these fevers, posterior to disorder of the corpuscles. Thus we interpret the relations of fever to inflammation, and of inflammation to fever, by the difference between the two parts of the blood. The facts are, that sometimes fover precedes inflammation, sometimes forms of inflammation precede fever; because sometimes (from agrial poiems) the corpuscles are disordered before the plasma; and sometimes (from unwholesome dust, privations, and chronic ulcenations) the plasma is disordered before the corpuscles. If you accept these interprotations, the whole subject of repair, inflammation, and fever, presents a coherency which is worthy of your attention. Thus:

Mechanical objects injure the common tissue; and the process of repair arises.

Errors in diet disorder the plasma; and inflammation appears.

Miasus in the air affect the corpuscles of blood; and primary fever is the result.

Both the process of repair and inflatamenton, from hindrances and difficulties, may pass into chronic or protracted terms of suppuration, ulceration, and orielarges; whereupon, if spoiled material should enter the circulation, and, by retreation or quantity, thoroughly debase the plasma, the corpusales suffer, and fever appears; namely, reactionary, heetic, or a plasma fever.—British Medical Journal, May 28, 1859, p. 424.

2. ON DIPHTHERIA.

By Gronds Borrowkux, Esq., Gleydon.

[The opinion of the profession differs widely on this disease, some practitioners considering it a new disease, others holding that the materies morbi is identical with that of scarlatina.]

It appears to me that at the commencement of the attack there is but a slight congestion of the mucous membrane of the pharynx, accompanied with slight constitutional disturbance; but, in a few hours, the membrane puts on a livid an carance, and runs rapidly into the gangrenous state: and that the false membrane is a deposit of layers of lymph in the early stage of the disease, which so m loses its vitality, and acts as an extraneous body, thereby preventing the parts from performing their natural functions. Accompanying this change, great depression of the vital powers of the system takes place.

Now whence arises the rapid and tatal change in a few hours? Is it not from metocrological causes? For it is certain that locality has but little to do with it. It has been as severe in high and dry situations as in low and damp; in isolated dwellings, and in crowded cities; in clean and well drained places, and the reverse. Therefore, ought we not to look to the atmosphere as producing those rapid changes, acting upon the block occasioning the gangrenous condition of the threat, accompant twith an extremely low and depressing type of fover. From which the patient rapidly sinks into a state of extreme and fatal enhantion? It therefore appears consistent with pathology to administer a most powerful autoseptic remedy, to act promptly both locally and constitutionally. After taking the above view of the disease named by the tomoral diplotherits, I beg to submit to my moderal bretteen the plan of treatment which, I am happy to say, I have found very successful.

I had under my care several severe cases in the autumn of 1857, and again in the autumn of 1-55. These in 1857 occurred in the town and neighbourhood of Croydon, and those in 1858 in a new building, an a clima for the reception of children whose parents died your consequently, their offspring were not constitutionally the

hed litted formand in carpolable a necessi-

The trestment I alopted in all the case, under my care was as follows story defend to

R. Solutionis chlorini figs: syrupi simplici figs; aque destill et a ad figi. M. Fiat gargarisma siepe utendum.

R. Solutionis chlorini gtt. IV; syrupa aurantu [7]; aquæ destil latæ ad [3]s. M. Fat haustus 2ndå quaque horð sumendus. The dose was increased according to age. Calomel was given in doses of one grain and upwards, according to age. The diet, too, consisted of concentrated jellies, strong beef-ten, wine, &c.

The same mode of treatment was adopted in adult cases; except

that, instead of calomel. I gave the hydraigyrum cum creta.

For many years I have ordered the chlorine solution in malignant scallet fover accompanied with a diphtheritic state of the throat, with marked success. In the Cyclopadae of Practical Medicine, published in the year 1835, Dr. Tweedie states that, in an epidemic sore-throat which made its appearance in Tours in 1818, and to which Bretonneau gave the name of diphtherite, hydrochloric acid was found most efficacious.

The orphan asylum to which I have before alluded is a new building erected on the top of a hill, open to the south-west; the rooms spacrous and lofty; every attention paid to ventilation. It stands alone, in a most healthy situation; and the children, before admission, undergo a medical examination; so that, at the time of admission, they are perfectly healthy, So that does away with the supposition of its being confined to ill-drained, low, and swampy situations, and densely populated, poor localities. In the months of July and August, 1858, there were fifty cases in the above asylum, of the most malignant form. They were all placed under the treatment before named. After the third day, quinine was added to the chlorine solution. Many were covered with the scarlet eruption; eighteen had a severe form of measles; and some few were free from eruption; but all had the diphtheritic throat, and but one case out of the fifty proved fatal-a child four years old. The disease made its way through the various tissues of the throat and neck, and broke externally, giving vent to a most offensive discharge, the patient sinking from exhaustion, not being able to take sufficient stimulant and nourishment.—Brit. Med. Journal, July 16, 1859, p. 561.

3.—ON THE TREATMENT OF DIPHTHERIA. By Dr. J. S. Bristowe, Southwark.

It may, I believe, be safely affirmed that we are unacquainted with any specific capable of arresting the course of diphtheria; and, therefore, that our treatment, unless intended to be experimental, must, in the present state of our knowledge, be simply directed to the piloting of the patient in his progress through the disease, to the guarding him from any accidental perils, and in the event of such befalling him, to the repairing of their ill effects. The main danger in the

uncomplicated affection evidently arises from debility, and hence it has been properly insisted on by nearly all practitioners that stimulants are desirable. And, further, since that debility often manifests itself fatally only at a late period of the disorder, it is obvious that the use of stimulants alone, the action of which can merely be temporary. is not sufficient, and can only be regarded as subordinate to the exhibition of nourishment, the effects of which, if slower, are yet solid and permanent. It is highly probable, I think, that at an early period of the disease antiphlogistics, administered with discrimination, may be useful; but if so the period during which they alone should be employed speedily passes away; and on the whole it is manifestly safer to ignore that period, and to adopt from the beginning the stimulant and nutritive line of treatment, than to persist one moment longer than need-Under these circumstances it seems to me ful in the opposite course. most important that stimulants, combined with nourishment should be commenced with carly, and should be systematically persisted in. The amount of both, of course, must depend upon circumstances; but in order to insure a sufficiency they should be judiciously varied, administered in small doses, but at regular and frequent intervals, and if rejected by the stomach, then given in the form of enemata.

An important question is that having reference to the mode of treatment of the affection of the threat; and I may here at once state, as may have been inferred from the perusal of my cases, that I, for one, disapprove of the application to the diseased surface of strong caustics and escharotics, and should prefer the employment in all cases of mild detergent gargles, or of warm milk, and such-like bland and soothing fluids. The reasons which have led me to discard heroic applications are the following:-Ist. That the throat affection is merely a local evidence of a constitutional disease, which is unlikely to be arrested in its progress by any treatment directed to its secondury manifestations only. 2nd. That the throat affection rarely kills, except by involving organs such as the trachea, and deeper tissues of the neck, which are beyond the region of the possible influence of such agents. 3rd. That even if the theoretical correctness of such treatment be admitted, the application of remedies to the surface of a thick false membrane, with the hope that they may affect the subjacent rine m, tissue, is not only clumsy, but as regards the object intended, providedly useless; and that the prior forcible removal of the mem-In the from the entire surface, in order to their efficient employment, is unjustifiable in the early stage, even if possible, and is likely only to be followed by increased inflammation, and reproduction of false membrane-by more real mischief, in fact, than the benefits presumably to be derived can possibly counterbalance. 4th. That the application of such agents around the diseased tract, for the sake of limiting, should such be the intention, the spread of the disease, must, even if its efficiency be allowed, be an exceedingly difficult, and generally impossible operation; and from the tendency which the membrane has to spread from more than one centre, would probably, even if in the first me mee thoroughly performed, become ultimately useless. Of course if a gangrenous state of the torrals, or any other local complication an errence, such topical applications as are commonly had recourse to in like conditions of the throat, should be employed; and in all cases, even from the beginning such treatment, hould be directed to the exterior, as we usually resort to for the sake of allaying inflammation or

relieving pain.

As I have purposely refrained from going into details of treatment, even in regard to those two points which alone I have made the subgert of remark inthects. I have little to add in order to carry out the intentions with which I started. There are still, however, a few considerations to which I may refer. I am not disposed to place much reliance on medicinal treatment during the earlier period of the discase; and, guide I by general principles, should use such adjuncts only to the plan of practice sketched above as the condition or tendency of the case under observation might indicate; yet, at the same time, should carefully watch my opportunity for commencing the employment of tonics. Opum will sometimes be needful, and so also purgatives; but I should prefer the administration of the latter in the form of enemaia. Lastly, any complications, renal, pulmonary, laryngeal, or whatever other they may be, need not, I imagine, any peculiar mode of treatment, but should be dealt with according to the principles which guide us commonly in our treatment of like affections arising under different circumstances; or, to be more explicit, we should endeavour to cure or obviate by ordinary means any secondary lesion which may arise; yet regulate our special efforts according to the general condition of the patient at the period of invasion of the superadded disease. Med. Times and Gaz., Sept. 3, 1859, p. 228.

^{4 -} Treatment of Diphtheritic Sore Throat. By C. SWARY SMITH. Esq., Burbage Wiltshire - During the last three months I have had about forty cases of diphtheritic or malignant sore-throat under my care, and I have especially noticed that one and all of these cases have been in houses situated either near a pond or pool, or at the foot of a hill, and frequently where there are many trees about the house; not one having occurred in houses situated on high ground. On inquiring into the history of these cases, I have had but one answer-namely, that the disease commenced by a somethroat, which the patient thought was only a cold; and consequently when I have seen them they have been in such a high state of inflammation and ulceration, that the patient has fold me that he has then applied because he could not take food, either from the pain occasioned by swallowing, or else that it was no use trying, as it only returned by the nose; and very often the voice has been almost inaudible. I have tried many modes of treatment, and so far with very good results; but the one

that I have most buth man one that I would alvise those who have not used it at any rate just to give it a tird. On fir t seeing my patient, I apply the strong a luti n of chlorinated solute the fances, and then foil in up my treatment by orliving a smyl n to the threat, a gar le com; all of solution of chlormated sola, two ounces, tincture of myrih two drachms, water to six ounces to be used every half hour, and in cases where the children are too young to gargle I or ler the threat to be frequently washed with the same mixture by a mean; of a mere of spin_a Internally I give to an adult of cour a varying the dire according to my patient's age), chlorate of patrointer bre hims, dilute mitric neal three drachins solution of can be made at they a one draches water to see ounces, the sixth part to be taken every two hears. And in cases where there is much own in the I mbs. I generally add a few minims of tineture of elicineum which addition has proved decidedly advantageous the diet to consit of tring beef tea, port wine and in short all the north most the patient can take. I also strongly urge the necessity fire ventilation

Out of these firty cases I have be tonly two, and both were in a moribund state when I first saw them. Although these means are undoubtedly useful in decided cases of malignant sore throat they are far too active to be resorted to in simple cases as they would only tend to aggravate the symptoms—Luncot Sept. 10, 1859, p. 261

.) --ON DIPHTHI RIA

By James I M Donald, Esq., Bristol

[The writer commences by stiting that he has had under his care a large manner of serious cases of diphtheria.]

I consider distribution and ease produced by a specific poison taken not the viers as no through the blood, and wen at the the fill wing are the unil form and course of the disease in its severest type. The patient is selderly fund generally in the morning) seized with valent v miting of a thin, yellowish-white matter, of a v ry offen me e rected, then purging of a fluid of sinnher appearant and mell The end jection. last an hour or so, and are tillowedly on attractor and stuper. The patient has for a terrid virying to me and a skeep hours in a heavy sleep, from which he is with difficulty as it is it then only to sleep again. The skin is het, juleo to the figure is of a lin ht red, drink is taken with avidity it level by the to be immediately returned now the mat of the that a to the throat sore!" the same 11. 7/ 111 The regiv, to a phyan ter i / with mexpendiced in the harable reality, may be fitted to the gittent lie der meis is tor the is mit verse of diphtheria. On the other hand, the expensed man expects this really the forthwith

on felly commenthathroat and then he a tuc d ca . In the ery tresh tori il ar dat include lack of the pharmac it sent a trade defect a true it The fall to cleare not cen minimally my til is in many forms of sore throat, but the ar pear once is as the main ille for a hall been brightly a unted and then varmished Hanging fi in the velum to the tongon i seen in this of the a transport tilm of a tops that a duri which is burst by expi rate in, sending it, par icles over the month and the instrument used to tepre a the land a line next mement a similar curtain is formed. After a period varying from int rate in h ur: the condition of the patient meter dy have the hearths passet eff, and delimin, effect of a velerit ere at 1 de, it, place there are the usual sympt made con rule a concut and the lever runs he has breathing is junkengl, the voice changed to a thick yet shrill tone, there is a short, dry cough (in children, evidences of coming group), the me k spuffy and blushed, the tongue is c sted with a white fur, and all the parts hitherto so bulliantly red are thickly spotted with a what his abstance, which in a wonderfully short period, conglomerates, and forms one thick plastic deposit, which in time may cover the whole palate to the teeth so that the appearance on orening the mouth, is a though it were lined with plast roffers. The victorial dehruma then subsides the powers flife full ripilly the horrible sensations of the king and sufficient in the control to sufficient terms at his neck with his nails and tric to open his month yet full power of swallowing still entine and he greefly guly sunything given him in the shape if hick him hvil spits form on the extremities amounting somethus to purpura, the diarrhoa of a white and offensive matter is mees ant, muttering delirium comes on, and in a long tetanic convulsion death closes the scene

This is a truthful picture, drawn from realities, of how a previously stiring and healthy man may in see days or less, cease to be

Taking the above as a fair example of diphtheria in its most marked and deally aspect, as I have seen it, we get the fresemblance to it more or loss in all minor class. We must not expect to meet with all the symptoms in every case, but the condition of the throat is invuinble. Whether that condition goes on to the second stage depends on the severity of the prison or the success of the treatment ad ptod. In all cases where there is either named or vointing followed by drowsiness the throat ought to be examined, and if the reduces and the 'plassy curtum' appear the immediate use of the proper appliances may, I am quite certain, save many valuable lives

There has been considerable confusion vith respect to scarlet fever and diphtheria. Some have contended for the identity of the two maintaining that those cases in which no rish appeared were to be considered as "superiored scalet fever". To combat this view, it will be sufficient, I think, to draw attention to the great difference in the symptoms. I

have described from those of scarlatina, and to state the fact of its having been my painful experience to have attended families some members of which have been swept off by scarlet fever with diphetheru, whilst other members, who had previously suffered from scarlet fever in a severe form, were now attacked with true diphtheria. That scarlatina invites diplitheria is very manifest, but that the diseases are perfectly distinct and different is equally certain.

Now as to the treatment. The constant attention to the condition of the threat should be our first care, the second is to resist the "tembercy to death." By skilful personal application of strong solution of caustic to the glazed and reddened parts, the fungoid matter may not appear, or if formed, may be separated from the surface and brought away, and thus the horrors of the disease prevented. Still, even then, there is much to be done in supporting the powers of the constitution, so as to give it assistance in eliminating the terrible poison from the system.

Bearing these two essentials of treatment constantly in mind. I know of no epidemic disease we may be more hopeful about than this. Terrible as it is to behold—its very name spreading dismay and dread to all around, yet its severity and fearful characteristics seem to succumb to the judicious and speedy treatment of the attentive physician with a kindness hardly to be expected.

Diphtheria is no respecter of person, age, condition, rank, or temperament. Should it become more seriously epidemic than it has been, no doubt it will mow down many of those unhappy people whose hard necessities oblige them to live in the overcrowded and ill-ventilated courts and alleys of our large cities. In such cases it will clearly be the mission of our profession, as in visitation of cholera, to go to the disease, and not to let it come to us.—Lancet, Aug. 20, 1850, p. 183.

6.—Pinkelieria Terred by Irrigations with a Solution of Common Male.—M. Due is there as a KUn' a Malifest of July 26th, that by the treatment he exist as an express of diphthetia. The Ke'r means are seen in the leave antenned with the lunar caustic, and importants than much every lower around the traces with a solution of common exist, the trun that the solution being such as not to create manch. Only the of yet ellews also given internally; and time true of tables. In the probability was also given internally; and time true of tables. In the probability was also given internally; and time true of tables. In the time initiations with the solution of common salt was the close from the time into the cure. One little girl was not cause, and the common salt was the close from the wise holds that solutions of along ellowed to particular be of pot each on the solution, chloride of lime, &c., wou'll perhaps be effections.—Lenert, Arc. 20, 1850, p. 189.

7.—TREATMENT OF DIPHTHERIA. By J. C. S. Jennings, Esq., Malmesbury.

At the first outbreak of the disease, no cases of scarlatina had appeared in the neighbourh od; nor were there any until the second outbreak, during the month of January in this year, when a few cases of diphtheria occurred; but scarlatina malignarian through several families. In those cases, however, in which the rash was well developed, and not suppressed, there was little or no throat affection; and circ versu; and when the tonsils were affected, there was not the recentiar leathery expadation of dubtheria.

The plan I have invariably adopted, regardless of sex, age, or incubation of dicase, has been to give an active emetic of antimonial wine, from half an ounce to an ounce, according to age; to freely cauterize the throat with solid nitrate of silver; to have a mustard poultice applied from ear to ear; the feet and legs plunged in a hot bath; and the patient confined to bed. After the emetic action has ceased, from three to five grains of calomel with five of compound extract of colocynth were given (or, for a child, two grains of calomel with two grains of compound antimonial powder); and, four hours afterwards, the following mixture:—

B. Quinæ disulph. 5ss; potassæ chloratis 5j; acidi hydrochloriei diluti 5ss; aquæ 5vnj. M. Fiat mistura cujus sumatur

pars sexta 4tis horis.

A gargle of chlorine solution was directed to be used frequently, prepared by impregnating water as much as can be borne with the protoxide of chlorine, generated from two parts of chlorate of potass, one of hydrochloric acid and one of water, and the fauces to be sponged out frequently with the same. The emetic I have rarely repeated more than once; but when the inflammatory stage has been severe, the fauces tense and shining, and the threat edematous, spirit of nitrous ether and liquor of acetate of ammonia, or nitrate of potass, has been added to the mixture.

The diet has been at first farinaceous, and afterwards consisting of strong broths and jellies. Stimulants have been very rarely administered, and then only as sherry whey, alternately with the quinine, which I have trusted to as the sheet-anchor. For infants, quinine may be given in jelly, washed down with a mixture of tincture of sesquichloride of non.

Upon this plan all my cases have been successfully treated, with the exception of one fatal case in a stout young man, where much valuable time had been allowed to clapse; the mushroom-like exudation having extended over the soft palate, completely blocking up the fauces and chink of the glottis; besides which, the emetic was not rightly administered, or tailed to produce effect; neither was the purgative given as ordered; and the patient died from apnea, suffocation being produced from spasm of the glottis when turning to lie down in bed.

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8-ON DIPHTHERIA

by Chomas Herbseatt Suith, Lq, St Mary Cray, Kent

there are three form in which the dresse presents itself, viz., and is ash coloured differ here membrane in patches with very sight tion, tion of the surrounling parts, and without fector Secondly, vi per closer and mere widely arread membranous exudation, with filled in ath and intense engagement of duk but Thudly, the an infinite with much tensilities, in a few cases resulting in quinsy I it there has been a tourth and made farmidable state of things to c would with namely an extension of the membrane in either of the alove turns to the farm and tracact the symptoms of which I need not de carte. In the three cases of 1857, and in the earlier of this ender there was no appearance of ulceration. If the membrane was pecked off the part under presented a clean patch of smooth surface distinguishable from the surrounding parts, but in no degree airaded But lately there has been more tonsillitis, and frequently superficial ulceration, in several cases in the last few weeks, excavating in re deeply into the tonsil, the membrane being still distmetly marked During this period, east winds have provailed, and mere leverish constitutional distinbances have been observed

With reference to the more general symptoms the prominent feature is depression of the vital powers. The pulse is not always quick, but when so, is that of an irritable circulation. More frequently the pulse is allow, waving and very compressible, the skin readily cools down (as when a hand is exposed out of bed, is most and soft, almost claumy to the feel. Where fever has been observed, it is of a remit-

tent or intermittent type

Some cases have been ushored in with slight diarrheer with discharge of blood. The nore and sometimes the passage of the ears, become involved, and, in the former case, epistaxis has occurred, not readily arrested. In some case, blobs of serian have arisen especially on the finger and in some case into inch his come on as convalescence approached. Debility remains in a marked degree even in milder cases, after the hold spot institute the princel, and I know that fittle of the prince of the least of the series of the least of the series of the least of the le

figure to me and the first the converted eases of pompility in the first the converted eases of pompility in the first three of the converted ease of which the following

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I more a nearly to a lattice to healths had a nearly we employed in least of a healths had a formal the relief of the employed in least of healths, male of clone he is the mean of the nearly then eval a proceed when violent epistaxions on which was both read of the she streeted. Two days afterwards the games became both then she wounted blood. On the title by, poing helps bickeles appeared on different parts of the body, it first filled with seminal at soon others appeared filled with dark lit of. There latter rapelly increased in number so that the whole body, with exception of the face, became, so to speak, covered with them. There was homoptysis, blood was discharged with the stools, and the name was all animons. This case, after a very hard struggle between 1 fe and death, recovered.

The treatment with the local treatment of diphtheria, to be hereofter described, consisted of bark, consort, regetable acids, abundatase of vine, best tra, &c., but chartly gallic acid in full doses
lastly the sesquichloride of iron, which seemed to have the most
marked effect of any remedy. The recumbent position was most
strictly enforced for a long time, as she could not move without evi-

that danger of fatal syncope

The other case of diphtherit combined with point holys, was that of a woman, aged sixty four never very streat and not perhaps fully fed, but who had mear had any previous filmes. She resided in a healthy locality but the cettage dram was offensive. When I visited for she consulted me for a large blob on one leg, two mohes by one rich and a half, oval fulled with grunous setum, on discharging which a slough formed, and a very ugly sore was the result. Just before this healed, another formed on the other leg, of about the same size, and on a similar spot. The unne was not albuminous. I observed, on my first visit, some thickness of the voice, and examined the threat, of which she did not complain. I found a membrane nearly covering the tousil. She ultimately recovered; the principles that guided the treatment being the same as in the last case.

With retrience to the urine in diphtheria, it is often very abundant, having the character of hysterical urine. I have not exmained in all a is a tor albumen when I have done so I have found it but in few it in elymphatic glands under the jav, the small glands down the neck, and even the surrounding collular to sue, are in some cases affected, but charly in strumous subjects. In one case, now under my care,

extensive abscesses f imed in the celiular tissue.

With regard to the localities in which diplitheria shows itself it has not, in my experience, selected the malarious systs, but when it has deness the criss are note inject. In many year practice in one locality that jost become land, and it happens that I have paid inclination to that subject in this locality. At each of its epital in the action of the land in the paid in the land of the paid in the paid in the land of the paid in th

cholers." but not so diphtheria. It has not altogether avoided those spots: but has not by any means chosen them.

At first, I was disposed to doubt if it was communicable; but I have evidence to satisfy me that it is contagious to a limited degree.

Have we seen this disease before? and what is its nature? In answer to the first question, I can say confidently that during a period of upwards of thirty years' practice I had seen no case of diphtheria until 1857. I had read Bretonneau's earlier papers, many years since, and should have recognised the disease had it presented itself. Of its nature it is less easy to speak. It is evidently, I think, a blood disease, and not merely a local one. But what is the nature of that abnormal condition has yet to be explained, or rather, I fear, has vet to be discovered.

In observing the progress of this epidemic, I have been instinctively led to reflect on the altered type of disease in general. I have myself no doubt of that alteration in the type of disease, observed since the year 1832, in England. From that date there has been a departure from the old sthenic type, and this has been more pronounced the last few years, until at length a genuine sthepic form of illness is almost, if not quite, unknown amongst us. We have instead, low types of inflammation, low forms of cutaneous diseases, low types of fever, having more and more a tendency to the remittent form: and a very marked increase, in localities where it was before almost unknown, and where no known local causes have arisen to occasion it, of intermittent fever. What was before a mere chill, a slight cold, thrown off with the first reaction, becomes now an attack of acue.

We have abundant evidence of this depression of vital power in the general symptoms of diphtheria. We have also a low type of local inflammation in unison with the general type; but why it should just now seize the throat as its local seat instead of showing itself as boils, carbuncles, whitlows, thecal abscess, necrosed bone, and in kindred forms, I do not know. But this I may venture to say, if I attack the malady with the local appliances, and the general treatment

I should employ for crysipelas, the cases recover.

Treatment.—The principles that have guided my treatment of this disease, are: #r t, to arrest the local inflammation by exciting another of a different character; accord, to employ elimination according to the individual case; "third, in all cases to sustain vigorously the vital mowers.

To accomplish the first indication, I prefer the employment of a strong solution of the nitrate of silver. Having first cleared the fances, &c., as far as practicable by gentle means, I paint every affected part, and beyond it, with the solution, of the strength of fifteen grams to a deachin. In mild cases I have frequently tried one of milder strength, say five grains, but I am satisfied that in all

cases an efficient application of the full strength is the best. It is perfectly safe, and has at once a marked effect. It is more efficiently applied by a full-sized camel-hair pencil than a sponge. Severe cases must be seen again in twelve hours, and the application repeated should the so-called membrane spread. Later in the treatment, a weaker solution may be used, or Bretonneau's application, one part of hydrochloric and to three of honey. And later still, when the membrane has disappeared, but much fulness and puffiness of the parts continue, a gargle, containing the sesquichloride of iron, or tannic acid. Where, as in my second case, there is much fector, the chlorate of potass is applicable. And where, as in my third case. there is more tonsillitis, we may, with advantage, employ inhalation of steam, or warm milk gargle. After the membrane is removed, and the tendency to diphtheritic deposit supposed to be arrested, the throat must be carefully watched; for until the endemic condition of the system is conquered, we may have a relapse of diphtheria.

I commence the treatment of almost every case with a purge, varying with the state of the tongue, pulse, &c.; but by far the most frequently, calomel and rhubarb, carefully avoiding salmes. In some cases, with loaded tongue and suffused countenances, I have given, with the greatest advantage, emetics. Indeed, I am now so satisfied of their value, that I shall for the future, employ them more frequently, especially where the congestion is marked, or there is unusual tonsillitis. The further general treatment is of great importance, namely, that directed to sustain the vital powers and remove

anæmia.

I need not dwell upon the necessity of wine, beef tea, &c. In the severe cases these are most urgently required, and must be liberally supplied. In the more trifling cases, if well marked, convalescence will be delayed, and danger of relapse continue, if these, or their

equivalents, are not employed.

Of all the medicines that may present themselves for our choice. there is one far superior, in my experience, to all others; and upon which, I indeed, chiefly rely: tincture of sesquichloride of iron. I have tried others that were obvious; but none sustain the vital powers, steady the pulse, lessen its frequency, and give potency to it: none remove the soft clam of the skin, steady the action of the kidney, and remove the anæmic pallor of the face, as does this. confidence in its employment, and also in the use of the nitrate of silver, is fortified by their effects in erysipelas, in which they are almost specific. Cases will occur in which this treatment must be deferred, or modified, as where the tonsillitis is severe. In those cases, with the appropriate local treatment, I have first used the decection of cincliona, with liquor of acetate of ammonia, or the latter with ammonia; but we afterwards come to the steel.

Such is a brief outline, and time admits of no more, of the treatment of cases in which croup has not supervened. How are we to

meet this formidable extension of the disease? Shall we, in any cases, resort to tracheotomy? I think not. Success, in reported cases, has not justified it; and we cannot tell how far the membranous deposit has extended. I have had urgent cases of this description. and, happily, have hitherto treated them with success. My sheetanchor is emetics, repeated, and very active ones, always of ipecacuan

and sulphate of zinc, never of antimony.

1) d time admit, I would detail these cases, but they present no reculiarity except the urgency of the symptoms. In one child, three years of age, I gave seven emetics before the symptoms were fully relieved. Portions of the membrane were detached and thrown off in the act of vomiting. I gave wine and ammonia in the intervals. In this case I gave also repeated small doses of calomel, because Bretonneau recommends it: and the case being of extreme urgency.

I would not neglect one of such authority.

In the more severe cases of diphtheria, I cannot too impressively recommend strict horizontal position. I have seen more than one case in which fatal syncope was to be apprehended if this had been neglected,-British Med. Journal, July 16, 1859, p. 563.

9.—SOME ACCOUNT OF DIPHTHERIA AND EPIDEMIC SORE-THROAT, AS THEY HAVE PREVAILED IN THE PARISH OF ISLINGTON IN 1858-9.

By Dr. EDWARD BALLARD, late Lecturer on the Practice of Medicine at the Grosvenor-place School of Medicine: Medical Officer of Health for Islington.

Relation of Diphtheria to Scarlatina .- The following facts may contribute towards solving the problem of the mutual relation of these diseases. In themselves they appear opposed to the hypothesis that they are merely phases of the same malady:

1st. In 7 cases of Class 1 the diphtheritic sore-throat was stated to have been associated with recent scarlatina. In only two of these did the rash appear in the course of the throat affection. Out of the remaining 5 cases in which the rash appeared first and the diphtheritic sore-throat secondarily to it, the rash had in 4 cases left the skin before the exudation upon the mucous membrane made its appearance. I may add that in other instances that have come under my notice both the rash and sore-throat of the scarlatina have quite disappeared before the symptoms of diphtheria set in.

2nd. In 47 instances, 38 of them being of Class 1, I was able to obtain satisfactory information as to the patient having suffered from scarlet fever at more distant periods. The following represents the proportion of these who had and had not thus suffered :-

d guarder		•	Had Scarlatina Not had scarlatina previously. previously.			Total.	
	('lass 1		9	!	29	38	
	(Yass 2		1	1	2	3	
	Class 3		2	ł	4	6	
j j	Total	***	12	,	:).7	47	

This proportion of I to 3 does not, I imagine, differ greatly from that which would be found to exist among persons selected in any other manner from the same ages and the same stations of life. In the 12 rationts who had had scarlatina, the occurrence of the disease was dated back to periods varying from six months to five or six years. Now, few occurrences in medical experience are more rare than a second attack of scarlet fever; all writers seem to agree in this. Dr. Willan only met with a single instance in 2000 cases, and Bouchut says that he has never met with a well-authenticated case at all. Stiff, as I desire to state this question fairly, I may say, that, although I have never myself seen a second attack of scarlatina with rash. I have on more than one occasion seen persons who have had scarlatina attacked with sore-throat when attending upon persons suffering from true scarlating, and this at a period as short as a year from their own attack. This appears to me a new mode of viewing the matter; it is one on which the experience of the profession should be expressed.

There is a Polymorphism in Discase, as in crystallography. Witness the varieties of true and marked agues, the almost identity of small-pox and vaccinia, the undoubted relation of eryspelas and puerperal fever, of regular and irregular gout, of the several forms of cancer, &c. And with respect to scarlet fever, practical accoucheurs know very well the danger to which a puerperal woman is exposed when subjected to the influence of scarlatina poison. An impression has long been growing up in my own mind that there is a form of fever to which they are liable that bears to scarlet fever the same relation that another form does to erysipelas, and that this fever is of a very fatal type. I have seen several such cases in consultation where no rash or even sore-throat have been developed, but where the woman has sunk as under the influence of a powerful depressing poison. I know that true scarlatina with rash may be developed under such circumstances; but what I am now speaking about is a fever without rash, and bearing characters different from ordinary scarlet fever.

It may be that the amount of protection afforded by a previous attack of any of these polymorphous maladies in one shape against an attack in another shape varies from nil to something as nearly absolute as can be. It seems to me that this is a point to which scientific enquiry might be usefully directed.

3rd. Just as an attack of true scarlet fever furnishes no protection against an attack of diphtheria, so the following case indicates that diphtheria furnishes no protection against scarlet fiver. Three children in a family in my district were attacked with diphtheria in August, 1858. Two of them died , the third aged three years, recovered. I saw these children, and satisfied myself that there was no error in the diagnosis. In January, 1859, the child that recovered was attacked with scarlet fever, after playing about upon a carpet brought from a house where a fatal case of this disease had occurred. There was both the rash and the usual throat affection, but no diphtheritic exudation; and the child died.

4th. Among all the cases, fatal or otherwise, that I have investigated, I have not met with any instance in which diphtheria has appeared to have been communicated from a patient with scarlatina, except where the scarlatina has been communicated also. Neither have I at present met with more than one instance in which cases of diphtheria and cases of scarlatina occurred about the same time in such a manner as to favour the idea that they were varieties of the same disease

5th. The mortality from epidemic sore-throat during 1858, if this disease were but a form of scarlet fever, would be expected to have borne some relation to the mortality from the latter disease, and to have fluctuated in harmony with it—Such, however, was not the case, as shown by the following table

DEATHS WHICH OCCURRED IN ISLINGTON DURING EACH OF THE FOLE QUARTERS OF 1858.

1						
_	1st Qr.	2nd Qr.	3rd Qr	4th Qr.		
Scarlatina Epidemie sore-throat	9 5	4 15	34 22	69 15	The state of the s	

The greatest number of deaths from epidemic sore-throat occurred in the third quarter of the year, but from scarlatina in the fourth. The number of deaths from epidemic sore-throat was the same in the second and fourth quarters, while in the former there were only 4 from scarlatina and in the latter 69.

I may add that as scarlatina define I in the first quarter of the present year, the deaths it in epidemic sore-throat (nearly all diphtheria) increased. Thus there were registered 29 deaths only from scarlatina, but 20 from epidemic sore-throat.

Again, the greatest mortality from scarlet fever occurred in the

six weeks from October 17 to November 27. During this period 48 persons died of scallet fever, but only 5 of any form of epidemic sore throat, and during 4 of those weeks, viz. from October 24 to November 20, no patient died from epidemic sore-throat. When, however, the mortility from scarlet fever was checked, as it was most remarkably, on the occurrence of t e very severe cold about the 20th of November, the deaths from epidemic core-throat reappeared in the returns.

Relation of Diphtheria to other Forms of Sore-Throat.-The prevalence of sore-throat not diphtheritic in character during the past year, has been matter of general remark. Many, if not most of these throsts exhibited some approach to the colour of the mucous membrane when about to become the seat of diphtheritic exudation, These sore throats appear to bear the same sort of relation to diplithen as diarrhee bears to cholera in epidemic seasons. Just as in any cases of diarrhoza in an epidemic period, it is impossible to predicate that it will not pass into cholera, if neglected, so, in the ordinary sore-throats which have lately presented themselves, no one would be bold enough to assert that any one might not before long exhibit the characteristic symptoms of true diphtheria. A fact upon which I would especially rely in support of this view, is the occurrence of nondiphtheritic sore-throats equally with diphtheritic sore-throats among the members of families where deaths from diphthena had taken Out of forty-seven families in which a death from diphtheria occurred (lass 1)

Some other members of the family suffered from diph-	Families,
theria in	9
From other forms of sore-throat in Some members suffered from diphtheria, and others	15
from sore-throat, in	8
members of the family, in	15
	47

The severity of these cases of sore-throat varied considerably. In some, it was a slight attack, lasting but a few days; in others, there was so much febrile disturbance as to demand medical assistance, in others, again, there was ulceration, suppuration of the tonsils, or sloughing of some of the tissues. In some families the earlier cases were of sore throat in others the earlier cases were diphtheritic.

Is Diphtheria an Infictious Discase? I will state the facts which incline me to the afirmative.

1 A prima faces case appears made out by the facts mentioned in the last section. Infections diseases habitually spread in families they need. Out of forty seven families there were only fifteen in which the other members all remained healthy. Of course it may be argued, in opposition, that all the members of a family are equally exposed to the operation of local causes of disease.

- 2. As a rule, it spread in the houses it invaded chiefly among those members of the several families who were most closely in communication.
- 3. In no case where separation from the sick person has been effected early in the disease have I noticed that it has spical to the separated individuids. In one case where communication had been allowed for three days before separation, a child was seized with diphtheria on the sixth day of removal from home.

4. The following special instances may be adduced of communication of the disease from one house to another, viz.:-

Jane J., aced ten years, resided at Islangton with her mother, an aunt, and three sisters. On May 1st and 2nd she was on a visit at the house of an uncle, whose daughter, Jane's cousin, was kept at home because she was believed to have a cold. On the 2nd this child exhibited decided symptoms of diphtheria; the attack was slight, and she recovered. On May 6th a servant in this house was taken ill with a severe attack of diphtheria, recognised as such by the physician at St. Bartholomew's Hospital, to which she was removed, and where she died. On the 2nd, Jane returned home, was taken ill on the 3rd with diphtheria in a severe form, and died on May 9. Her mother, and a sister aged fourteen years were both taken ill on May 11th. She had not been so much with her daughters as other members of the family up to the 5th, when she sat up with her all night was of a highly nervous temperament. The tonsil sloughed, and there was a complete cast of the trachea expectorated. She died on the 18th. The sister, who was also attacked on the 11th, slept with her mother, and when not at school was continually in and out of Jane's room, sitting there sometimes for hours together. She died on May 14, asphyxiated. Another elder sister who slept with Jane and the aunt, suffered from nothing but a slight sore-throat.

On September 18, George B., aged two years, was attacked with what was believel to be diphtheria. He was an obstinate child, and the threat could not be fairly inspected. The tissues, however, under the jaw were swellen, and there was difficulty in swallowing; the breath became fetal, the voice lost, there was great dyspicoa, and a discharge from the nose. He died on the 24th. His brother, Edward B., aged mue menths, was attacked on September 22, that is, on the 4th day of George's illness. In this case the diphtheritic evadation was marked; there was great external swelling, great dyspicoa, fetor of breath, and bloody discharge from the nose, and from the first the child refused the breast. He died also on the 24th. The father and mother both suffered from sore-throat, being attacked on the 25th. A grandmother also had sore-throat on the 24th, 25th, and 26th. She laid out the children on the 24th, and immediately returned to her own recidence in another part of the

parish. A child who lived with her, aged sixteen months, a courn of those who died, was seized with sore-throat and fever on the 20th. I saw him on October 4. There was then the diphtheritic membrane commencing upon one of the tonsils. He was attended by a general practitioner in the neighbourhood, and died on the 19th.

About the middle of May, sore-throat began to prevail in a large school in Islangton. One of the boys, who had just returned home to Kingsland for his holidays, was seized with diphtheria on May 23rd (Whit-Sunday.) The attack was characteristic, and he recovered with difficulty. On June 5th, a boy, aged nine years, who had not returned home, was attacked with true dishtheria, accompanied by laryngeal complication, and died on the 8th On June 9th, another boy, who was on a visit with some friends for his holidays, was seized with diphtheria; the exudation was well marked, and in consequence of the laryngeal complication, tracheotomy was performed, but he died on the 12th. The sanitary arrangements of the school were not objectionable; the drainage good, and the water-cisterns regularly cleansed. On June 15th another boy returned home from the school with diphtheria. Previously to his return all the family were in good bealth. Early in July a sister, agod two years, was attacked with diphtheria in a marked form, and died on July 22nd. A brother also was attacked with diphtheria and recovered, and three female servants also had slight attacks. Another sister had an attack of sore-throat. An infant and the father and mother all escaped.

A little girl, aged six years, went to a day-school. A child belonging to the lady that kept the school was ill with diphtheria. On March 3rd, the little girl was attacked, and I saw her twice in consultation. The exudation was well marked and extensive. She died from prostration on March 24th. The father and mother both suffered subsequently from a slight attack of sore-throat. A brother of the patient, who was carefully kept apart from her and ultimately sent away from home, escaped. In this instance, however, there was a local source of disease in a very defective condition of the dramage of the house, and the water-cistern was disgustingly foul.

The connexion of Epidemic Nore-throat with Local Causes of Disease.—The following table exhibits the results of inquiries instituted at fifty-seven houses where fatal cases occurred:—

	No. of Houses	House damp, offensive smells, or detective drains.		Foul drinking water and other nui-ances or nox ious accumula- tions.	Nothing discover ed amiss.
"lass 1	46	19	A PERSONAL PROPERTY.	/	()()
	40	111	4	0	20
Class 2	6	3	***	***	3
Class 3	5	2	***	2	2
Total .	57	24	4	8	25

In more than half the houses, then, which were examined, there was some defect or other in the sanitary arrangements, or in the surrounding conditions of the patient. In the greater number of the houses thus deficient, the fault was discovered in the state of the drainage.—

Med. Times and Gazette, July 23, 1859, p. 77.

10.—TREATMENT PREVENTIVE OF THE SEQUELÆ OF MEASLES AND SCARLATINA.

Many precautions are adopted by physicians to prevent the unfortunate sequelæ of these diseases, and the confinement to the sick-chamber for several weeks after convalescence ranks among them. To avoid this, M. Scoutetten, of Metz, has devised the following method, which we find in the 'Gazette Hebdomadaire,' for April 1, 1859.

As soon as convalescence commences, that is to say, when the skin is no longer red with the eruption, he rubs over the whole body slightly warmed oil of sweet almonds or olive oil, and puts the patient in bed again, for two hours. The next day he gives him a tepid bath for an hour, then places him in bed, and if the skin is very dry, a new friction with the oil is made. These two frictions and one bath are usually enough to remove all danger. Still, in severe cases, it is well, to avoid any risk, to repeat the means indicated from time to time, until the skin regains its suppleness. These precautions taken, convalescents may be permitted to go out without fear of bad results.

In order to justify this method and explain its importance, it is necessary to remember the state of the skin in infants affected with measles or scarlet fever. At the commencement of the disease, the dermis is red and swollen; during convalescence the tissues return to their normal condition, but the epidermis, which has been distended, not being elastic, becomes detached, and falls off in the shape of fine powder when the attack of measles has been light, or is removed in large scales when it has been severe, and especially when the eruption has been that of scarlatina. The skin beneath is dry and harsh; perspiration and transpiration are badly performed, and the functions of this important organ are impeded or suspended. When the skin acts badly, the kidneys and the mucous membrane of the air-passages or of the digestive apparatus undertake to supply its place; thence arises a thick. sedimentous, and sometimes albuminous urine, severe diarrhoeas, which terminate in emaciation and death; obstinate coughs, sore throat, croup, pneumonias, pleurisies with effusion; finally, serous infiltrations into the areolar tissue of the limbs, or accumulations of liquid in the abdomen, and in other cavities where serous membranes exist. These severe symptoms occur after an exposure to cold of the skin, which inflammation has rendered more sensitive, and the functions of which are interfered with by an inert

epidermis, which obstructs its pores. The object of the treatment proposed by M. Scoutetten is to oppose the causes of these symptoms.—American Medical Monthly, Ana. 1859, p. 114.

11.—ON THE TREATMENT OF RHEUMATIC FEVER.

By Dr. G. WHITLEY, Registrar to Guy's Hospital.

[The object of this paper is to ascertain, as far as possible, by an examination of cases treated at Guy's Hospital, by the different physicians of their large staff, what mode of treatment is most successful. Cases of acute fibrous rheumatism alone have been selected for this purpose, being the most definite in their character. The exciting causes of acute rheumatism are cold and moisture; but, there is no more active aiding cause than over-fatigue of a joint. Now if we look upon the heart as being virtually a joint, it becomes easy to understand the liability of persons with irritable hearts to cardiac affections in rheumatic fever. Dr. Whitley continues:

When we proceed to enquire into the pathology of rheumatic fever we are little better off than before. Several high authorities speak of acute rheumatism as being essentially a blood-disease, a theory which appears to receive much support from one of its most striking phenomena, viz., a great excess of fibrin in the blood. The other chief change observed in that fluid is the presence of a large quantity of uric acid. The evidence in favour of other important changes in the blood, such as an excess of lactic acid from checked cutaneous excretion, is too vague at present to be taken into account.

The excess of fibrin in the blood being assumed to be the most essential change observable in rheumatic fever, while the most striking symptom of the disease is an affection of fibrous tissues, especially the joints, consisting mainly in the exudation of fibrin, the question of the priority of the joint-affection or the blood-change presents itself as one of paramount importance. Here, I confess. I am inclined to adopt the view of Dr. F. T. Bond, that the excess of fibrin in the blood precedes the affection of the fibrous tissues, though traumatic lesions, such as burns, no doubt produce a similar excess. To use Dr. Bond's own words, "Is the hyperinosis merely an effect of the reaction of the local disease upon the system at large, as is generally believed, or is it the primary source of the exudation, the causative agent of the latter, without which it could never exist? I believe this last to be unquestionably the true statement of the case, and shall endeavour to bring satisfactory evidence that it is so. sidered simply in a teleological point of view, the former supposition throws no light whatever upon either the economical object of the hyperinosis, or upon the mode of its connexion with the local affection; whereas, on the later hypothesis, it is highly probable, a priori, that an excess of fibrous plasma, rapidly accumulating in the blood to an

amount which is incompatible with perfect health, should be attracted as it were, out of the vascular system, in the shape of an exudation, to those tissues for which it has a physiological affinity—such a process, in fact, being no more than a mode of excretion."

I take this opportunity of alluding to a point of great importance in the diagnosis of rheumatic fever, often mentioned by Dr. Addison, viz., the fact that the heart is not unfrequently affected before the joints or any other part of the body. Neither is it difficult to understand that this should be so, if we regard the exudations of acute rheumatism as being brought about by fibrous tissues acting as excreting organs, while an irritable heart assumes the position of a fatigued joint. Thus I have seen a case in which delirium was attributed to inflammation of the membranes of the brain, but in which the character of that delirium, together with an irritable state of the heart and want of clearness in the heart-sounds, without any positive bruit, induced me to venture upon a diagnosis of rheumatism, speedily confirmed by the supervention of pain and swelling of the joints.

The present inquiry being directed more particularly to treatment, I shall not do more than allude to Lehmann's ingenious theory of the possible existence of several (allotropic) varieties of fibrin, the physical or physical relations of which to various, fibrous tissues in the body may serve to determine the site of the exudations so common in rheumatic fever.

[The writer then proceeds to give shortly, but clearly, twenty-three cases of rheumatic fever of the acute fibrous kind, treated by various physicians. He observes that though this number is small, he has observed a far larger number of cases, an examination of which only strengthens the conclusions derived from this smaller number.]

In fifteen of these cases salts of potash were given, either at first or after the failure of other means. Where cardiac complications existed, these remedies were combined with calomel, antimony, and onium, and with blisters; while in some of the simple cases of jointaffection they were administered quite alone. In no case did they fail to effect a cure, which, even in severe cases, was sometimes attained very rapidly. The latter remark applies, indeed, to some recent acute cases treated with lemon-juice, but in many instances this remedy unfortunately proves ineffectual. The treatment with large doses of bicarbonate of soda not having, so far as I know, been employed at Guy's Hospital, I take this opportunity of giving the results of its use at the German Hospital, with the particulars of which my friend Dr. Hermann Weber has kindly furnished me. He has tried it in about sixteen cases. From six drachms to an ounce were given in twenty-four hours. In five cases the effect was very marked; the pain and swelling ceased within forty-eight hours; the pulse sunk within the same space of time from between 100 and 125 to between 65 and 55, the temperature of the body becoming likewise

much lower than before the administration of the renewly. On the tinid or fourth day the pulse sank sometimes still more, in one case as low as 45. The profuse watery perspiration was less perceptible, the tongue became cleaner, the urine, of course, quite alkaline.

The diminished frequency of the pulse remained for some days after the remedy had been left off, and disappeared only by slow degrees.

In five or six of the other cases, the administration of the bicarbonate was followed by an alleviation of pain and a diminition of the frequency of the pulse, but by no means to the same extent as in the cases already alluded to. In the remaining cases, the remedy did not seem to exercise any influence at all on the prominent symptoms of the disease.

The cases in which the remedy was most useful were young persons, in whom the disease was attended with much pyrexia, considerable pain, marked swelling, increased perspiration, and the peculiarly furred tongue. They were, therefore, instances of the well-pronounced acute type, while the cases in which there was no effect were less acute—less according to the normal type of the disease.

We have now to inquire into the mode of action of some of the remedies employed in rheumatic fever. All that we know with any certainty of the effect of large doses of lemon-juice is, that it soon diminishes the frequency of the pulse. It has been well shown by Dr. G. O. Rees how it may serve to facilitate the conversion of lithic acid, introduced into the circulation in excess as a consequence of malassimilation, into urea. Now, the two chief indications in the treatment of rheumatic fever are

- To prevent the formation of an undue amount of lithic acid, or to favour its conversion into urea.
- 2. To facilitate the elimination of the fibrin present in excess in the blood.

Even if we assume the reality of the action of Iemon-jaice suggested above, the latter indication remains unfulfilled. Much the same may be said of colchicum, which "abates pain, purges, and lowers the pulse, i.e. is cathartic and redative," as it is not borne out by facts that this remedy augments the quantity of lithic acid in the urine, though it may tend to prevent its formation in the blood.

Alkalies, on the other hand, not only act as solvents for lithic acid, but also dissolve fibrin. In addition to this, their neutral salts, especially those of potash, are diurctic. The latter, therefore, appear to me to unite more completely than any other known remedy all the properties requisite in the treatment of an attack of rheumatic fever unaccompanied by any affection of the heart or other important organ. Even where cardiac or other complications indicate the use of mercury, opinm, blisters, or local depletion, these are only to be regarded as accessories, the simultaneous employment of the alkaline treatment seeming to afford the best prospect of a certain and speedy cure.—Gray's Hospital Reports, 1859, p. 187.

DISEASES OF THE NERVOUS SYSTEM.

12.—ON THE NATURE, SEAT, AND RELATIONS OF NEURALGIA.

By Dr. C. Handfield Jones, F.R.S., Physician to St. Mary's Hospital.

[In most cases of neuralgia not arising from organic cause the accompanying debility or prostration is almost as marked a symptom as the pain.]

It is proved by experience that, unless this debility and prostration can be removed, and replaced by healthy vigour, no real progress can be made in the cure of neuralgia. The task is like that assigned to Sisyphus, the patient's and doctor's hope is worn out by ever-recurring relapses. The debility seems in a special manner to affect the nervous system. The brain is languid and dull, and inapt for mental labour: sometimes its function actually fails, and wandering or delirium occurs. Stimuli are beneficial, often very markedly so, though their Fresh pure air, good food, sufficient repose effect is temporary. alternating with exhibarating employment, supplemented or sided, if need be, by nerve tonics, are the real remedies, and just in proportion as they increase the general tone and strength does the patient attain complete recovery and immunity from relapses. On the other hand. just as surely do all causes of debility confirm, increase, and render inveterate the malady.

Now, it may be fairly argued that when the symptoms of debility. and especially of nerve debility, are so apparent, and have so distinct a relation to the particular symptom, this must be itself of like essential character. It can hardly be that the morbid state of the nerve affected can be greatly different from that which prevails so generally throughout the system, especially when we consider the means which avail for the cure of both. Romberg's metaphorical expression, speaking of anemic hyperesthesia (i. e., neuralgia), that "it seems as if pain were the prayer of the nerve for healthy blood," is, in all probability, exactly true. The nutrition of the nerve being ill performed, its structure undergoes some molecular alteration which conditionates pain. What is true of neuralgia from this cause I believe is true of all cases belonging to the non-organic class. Electrical disturbances, damp cold, malaria, seem to me all to act in the like way as far as we can judge—viz., by deranging the molecular nutritive actions of the nervous structure, and so impairing its function. There are several circumstances which seem to me strongly to support this view. One is the very frequent co-existence of numbness with the meuralgic pain, especially in highly sensitive parts, as the fingers and hands. One cannot say in what the condition producing numbress differs from that producing pain; but it is clear there is no opposition

between them; both are often present together, and the numbriess commonly remains as the more permanent condition in the intervals of the paroxysms of pain, and even after they have ceased to occur. Now, numbress is evidently a failure of functional action. Of the same import is the occurrence of various degrees of muscular paralysis, which is often associated with neuralgia, evidently as an analogous affection of the motor nerves. It yields to the same treatment. The phenomena of myalgia may also be referred to in illustration of the nature of neuralgia. Here we have a manifest instance of the relation of pain to debility: the sensory nerves of the muscles express pain because they are weak; whatever increases the debility increases the pain, and cire rersit. The relation of ague to neuralgia is worth considering in respect to this question. It is certain that neuralgia may be a manifestation of malarious influence just as much as ague, and that the two may replace each other. It may also be affirmed that in neuralgia (non-organic) from other causes, the pain-causing condition of the nerve must be the same as in malarious neuralgia. Now, in an ague fit there is no doubt that the vaso-motor nerves are in a paralytic state, consequently it is probable that in a neuralgic paroxysm the sensory nerves are similarly affected. Lastly, we may allude to the cure of neuralgia by Faradization as an illustration of its nature. The pain of a sensory nerve and the paralysis of a motor may both be removed by the stimulus of the interrupted current. This surely indicates that both states are similar.

Even in organic neuralgia, it seems to me a matter of much question whether the nerve affected is in a state of exalted excitability, or simply of deranged and disordered nutrition. In lead poisoning, the motor nerves of the muscles are certainly paralysed, the pains are diminished (Romberg) "by pressure and friction," and the whole phenomena are indicative of diminished, rather than of increased vital actions. The curative action of the sulphuret of potassium bath is only intelligible by regarding it as a peculiar stimulus to a great sensory surface, which is reflected from the nervous centres on the paralysed nerves and muscles. That it does produce muscular contraction, at least in some cases, is, I believe, certain. In gouty neuralgia. if we take colicky and spasmodic affections for examples, the disorder is much more of an asthenic than hyperesthetic character. The pain and suffering attending a characteristic outbreak of gout in the foot have much more the features of hyperæsthesia than the colicky disorder. That a nerve which receives for nutrition blood poisoned by uric acid should be disordered in its acting, and thrown into a state conditionating pain, is very intelligible, but it can hardly be regarded as having its irritability exalted. On the other hand, the nerve lying in a focus of inflammation, by reason of the active hyperæmia, would seem really to be in a state of hyperresthesia. Its condition is analogous to that of the nerves of one posterior limb in Brown-Séquard's experiment of transverse semi-division of the dorsal cord, where

hyperresthesia is produced in consequence of paralysis of the vaso-

motor nerves, and the resulting hyperæmia.

From the considerations which have been advanced, I am led to conclude, that in the majority of cases neuralgia essentially implies a lowering of the vital power and functional action of the nerve, not an increase. There are, however, certainly cases in which the painful parts are not manifestly hyperæmic, but are yet excessively tender. and intolerant of the least pressure. In these, it is clear that the excitability of the nervous apparatus is morbidly increased, yet I question whether the term hyperæsthesia is properly applied to them. In the state referred to, any, even the least, excitement brings on or aggravates the pain. This certainly implies an undue mobility of the nerve-structure, a readiness to be thrown into the pain-causing condition, but by no means a real increase of sensory power. It is by no means clear that a part in this state would appreciate two points as separate at a smaller distance from each other than it would when healthy. I should not regard such a condition as identical with that induced by partial division of the spinal cord, as in Brown-Séquard's experiments, or by strychnia poisoning. I think it probable that in these cases the morbid action is seated more peripherally towards, or in, the cutaneous terminations of the filaments; while in ordinary neuralgia the larger ramifications or the trunks are affected.

From the preceding discussion, we pass to the consideration of the question-What is the real seat of neuralgia-in the nerves or in the centres ! ()bviously, this is no easy question to answer. According to the law of eccentric phenomena, every sensation of which we are conscious is referred to the peripheral termination of the sensitive fibres (so Romberg writes). Bowman and Todd add that the sensetion is referred to those parts, and to those only, to which the fibres irritated are distributed. According to this view, then, all appreciation of sensations as referred to any point in the course of the nerve is out of the question. An irritation, wherever set up, must be felt at the peripheral extremity of the fibres implicated, and never in any part of their intermediate course. But there are facts which are strongly opposed to this exclusive dogma, and which seem to prove that a sensation may be referred to various points in the course of the nerve-fibre. If we hit our funny-bone, although no doubt pain and tingling are felt at the peripheral distribution in the fingers, yet the chief agony is in the trunk of the ulnar nerve at the part struck, and certainly not merely in the skin covering it. The circumstance dwelt on by M. Valleix, that the specially painful points in nerves affected with neuralgia are always those where the nerve becomes superficial, is also a proof of a sensation being referred to other points besides the terminal. The same may be said of the pains which patients describe as shooting down along the track of a nerve, as the sciatic. These certainly are not located merely in the skin which covers in the nervous trunk.

From these considerations, I am led to admit the possibility of very numerous exceptions to the law of eccentric phenomena, and to beheve that pain in a nerve may really indicate by its situation the seat of the irritation or other morbid action. This is a conclusion of some importance to the local treatment of neuralgia. It justifies our empirical habit of applying sedative remedies as near as possible to the seat of pain. But of course we cannot affirm, in any case of pain invelving the trunk of a nerve, that the morbid action may not be central; the law of eccentric phenomena holds true so far as that central disorder may certainly give rise to peripheral sensation. The only means of certainly distinguishing the site of the pain-causing action is division of the affected nerve. If this arrests the neuralgia, we know the disorder is sented peripherally; if it fails to do so, we know we have to seek more centrally. In a very large number of cases, I fear it must remain problematical as to where the real seat of the disorder is. If—the pain being specially referred to some intermediate spot-injection of opium at that part (subcutaneous) should give more relief decidedly than the same dose at a distance, it would afford ground for believing that the cause of the neuralgia was localized in that spot. In the ordinary way of rubbing sedative liniments on the cutaneous surface over the scat of pain, we have no means whatever of proving a local action upon the suffering nerve, but rather the reverse. For take the case of the sciatic nerve, where pain is acutely ' felt at the back of the thigh, and notably between the ischiatic tuberosity and the great trochanter; if this is relieved by a sedative application to the covering cutaneous surface, we are sure that the chief action of the remedy must be on cutaneous ramifications of the glutzal, lesser sciatic nerves, and branches of the external cutaneous and other nerves on the front of the leg. These will convey impressions to the spinal centre, not far from the part where the roots of the sciatic are implanted; so that if the neuralgist were of central origin, it is very conceivable that the morbid action might in this way be beneficially modified. But, considering the depth at which the sciatic nerve lies from the surface, it seems quite impossible that the aconite, chloroform, &c., should penetrate so far through skin, fat, and fascia, or even muscles. There exists some evidence to show that any strong impression made on the centre (such as cauterizing the ear, galvanizing the columna nasi) through incident nerves may put a stop to some neuralgiae.

The relations of neuralgia are of course very different according to the cause which gives rise to it. If, however, we take the commonest kind—which arises from cold, malaria, debility—we must allow that it manifests a very close affinity with non-febrile rheumatism. Rheumatic and neuralgic pains are frequently so very similar, that they are only to be distinguished by the action of remedies. Iodide of potassaum cures the rheumatic, quinine and iron the neuralgic; while often it occurs that in the same case, after having begun with the

former, we have to resort to the latter to complete a cure. The beneficial action, noticed by several recent observers, of muriate of ammonia in neuralgia, can scarcely be dissociated from its remarkable and positive remedial action in muscular rheumatism. The interesting but obscure phenomenon of rheumatic paralysis is closely similar to. if not identical with, the paralysis or paresis of motor nerves which so often forms a part of neuralgia. Catarrh is allied to neuralgia by the similarity of its causes, the manifest implication (sometimes to a grave extent) of the cerebro-spinal nervous system, the resemblance of its inflammatory actions to those sometimes accompanying and depending on neuralgia, and in a large number of cases by its "juvantia." If exhaustion aggravates a neuralgia, so does it also a catarrhal flux: while rest and toning means have an opposite effect. The affinity between neuralgia and aque in malarious cases is strikingly apparent; the two disorders so evidently replace each other, that there can be little doubt that the difference is only one of situation: the sensory nerves being affected in one case, the sympathetic system in the other. The therapeutic effects of arsenic and of quinine in ague and in common neuralgia, rapprochent the two disorders not a little.—Lancet. Sept. 10, 1859, p. 258.

13.—ON EPILEPSY.

By Dr. BROWN-SEQUARD.

[If you divide in a guinea-pig one-half of the spinal cord, in the dorsal region, a small spot of skin in the face becomes extremely sensitive, and irritation of this causes an epileptic paroxysm. If this spot of skin be excised, no more fits can be produced. The same sort of thing occurs in the human subject, the spot of sensitive skin being analogous to the spot whence springs the aura epileptica.]

There are probably many of these cases in which a cure of the disease might be easily effected. These means consist in applying a ligature in those cases, which unfortunately are not the most numerous, in which you know that there will be a fit, because it comes on after a general disturbance. The greatest difficulty is in those cases in which the fit is not preceded by any premonitory symptoms; yet the attempt to ascertain the seat of the peripheral irritation is not altogether hopeless. In cases known to be epileptic, but not having the perceptible aura, we may apply ligatures to all the limbs, alternately and successively, beginning at the upper part of each limb, and then by degrees shifting the compression downwards, if necessary, even to the fingers and toes. There are cases of epilepsy, however, in which the patients will not submit to this or even any other mode of treatment. Sometimes we meet with persons in whom a fit of epilepsy will be induced by simply touching a particular part of the body, susceptible of irritation. One such case, which came under my notice,

was that of a young man, who lately killed himself, and who was a student of St. Bartholomew's Hospital, London. There was a particular spot on the top of his head that could not be touched without producing a complete epileptic fit; and his fellow-students very improperly used to amuse themselves by thus producing fits of epilepsy, or at least excessive vertigo, in this unfortunate man. I told him what was best to be done to effect a cure, but he would not allow it to be carried out, and he lately put an end to himself. The treatment of such a case consists in destroying the sensitive portion of the surface by cauterization; not by caustics, but by the actual cautery; and if cauterization does not succeed, a cure may still be effected by a section of the nerve or nerves going to the sensitive part of the skin.

There are cases of epilepsy which are not referable to a peripheral irritation: in these cases diligent inquiry should be made to ascertain whether they are not connected with irritating causes existing in some of the viscera, such as intestinal worms, urinary calculi, &c., when the treatment should be directed to the removal of such causes, or of the diseased conditions that may have led to them. There are also cases of idiopathic epilepsy not connected with any apparent cause. think, from my short experience, that the remedies most powerful are belladonnut; and after it, although much less powerful oxyde of inc. As regards oxyde of vinc, Dr. Odier, of Geneva, has published a book, narrating a great many cures by that remedy. The physicians in France, however, have not found so much good from the use of this remedy. There is this difference between the treatment used by Dr. Odier and the physicians of France and this country. Dr. Odier gives a far larger quantity than the latter venture to give. To be of any decided use, it requires to be given in much larger doses than are ordinarily administered. There are other means, of an external nature, which are very powerful in epilepsy; but it is to be regretted that they are too often left to be practised by empirics. These consist of cauterization of the nape of the neck by the hot iron, and sometimes the cauterization requires to be continued all along the spine. This remedy is especially of use in cases where there is laryngismus and spasms of the face and neck. Dr. Marshall Hall has greatly overrated the significance of laryngismus in epilepsy. The truth is, that it contributes to produce asphyxia, and hence tonic instead of clonic convulsions,-Dublin Hosp. Gazette, Aug. 1, 1859, p. 234.

^{14.—(}In Hysteria and Chorea. By Dr. Brown-Sequand.—Hysteria, chorea, and similar affections, may arise from external pritation; all of them may be due to disturbance in the nervous centre, in consequence of irritation of some part of the periphery. In hysteria—a disease which exists in man as well as in woman—we find several very interesting cases of this nature. A case is recorded of hysteria in a male, in which the attack was produced by slight pressure on a

tumor in the lobe of the ear; the tumor was originally caused by a wound, and the extirpation of the tumor completely removed all traces of the disease. I knew also of a case of a Parisian lady, in whom the pressure of one particular finger was sufficient to induce the hysterical paroxysm. She was not, however, under my treatment, and I do not know what was the conclusion of the case; but I magine that with proper means the case was quite curable.

Paroxysm of hysteria may be produced by pressure on the ovaries. Frequently the fit is not a complete one; but some of the symptoms -such as colouring of the face, laughing and crying, &c. - are developed at various times. Various affections of the uterus induce the discuse. In one case which I witnessed, the uterus was prolapsed. and the hysterical paroxysms were of the most violent character. On the uterus being replaced, the convulsions ceased. After a short time the prolapsus recurred, and the convulsions were renewed. This occurred several times. One of the most curious cases that I know of was that of a child, who one day, on getting out of bed, was suddenly attacked by a slight convulsion, and passed into a complete state of mania. The child was put to bed, and then the convulsion and other symptoms ceased, and he was surprised to see his father and friends in such a state of anxiety about his bed. He asked what was the matter, and knew nothing of what had taken place. He was allowed to get up again, and the fit returned, but ceased immediately on his being replaced in bed. The surgeon in attendance discovered that there was, on the inferior surface of one of the great toes, a slight swelling. Having put his finger on the swelling, while the child was in bed, the fit was produced; convulsion and a maniacal condition came on. When the pressure was removed, at once the child recovered its perfect condition of mind and body. The surgeon cut out the part, thinking there was some foreign body in it, which there was not. It appeared to consist merely of indurated cuticle; but the cure was complete; the child was able to run about, and so continued for several years. He was ultimately drowned; and it was supposed. when these maniacal attacks were remembered, that he was the cause of his own death.—Dublin Hosp. Gazette, Aug. 1, 1859, p. 234,

15.—ON A CASE OF REFLEX PARAPLEGIA IN WHICH STRYCHNIA WAS SUCCESSFULLY EXHIBITED.

By Dr. William Moore, Physician to the Hospital for Diseases of Children, &c., Dublin.

[[]The case was that of a porter, aged thirty. States that six weeks ago he was drenched to the skin, and remained in his wet clothes for thirteen hours. This was followed by a general feeling of malaise, for ten days, during which time he drank whisky freely. On the morning of the third day after the wetting, he awoke complaining of pain from his armpits dominards.

I first saw this patient on the 29th of August, when, with difficulty, he was placed in the prostrate position. I examined the spinal column, and failed to detect any evidence of organic disease. He had tenderness—not actual pain—on being tapped over the lumbar region, where the muscles were lax and flabby; he had perfect use of his arms and upper extremities, and, acting from a fixed point, could thus turn his whole body. The pulse was natural, and the tongue clean. In the early stage of the attack he passed his urine in small quantity, and with some uneasiness; that has passed off, and he now micturates freely; urine of a healthy character. In the absence of galvanism with wet sponges, I desired him to be extensively "dry cupped" over the dorsal and lumbar region.

On the following day, August 30th, there was no change of any note. The patient had been very efficiently dry cupped as desired. I now prescribed one grain of strychnia, and a few drops of rectified spirits, with bread sufficient to form sixteen pills, of which he was to take one three times in the day.

On the afternoon of the 31st, the man complained of twitchings and startings in the back, and muscles of the lower extremities generally; can turn himself in bed. To continue the pills as before.

Sept. 1st. The patient got out of bed without any assistance and walked down the ward. No doubt he occasionally faltered and was unsteady, but he never lost the perpendicular, and returned to bed independent of any support. He complains very much of the startings, particularly across the lumbar region, which, he says, awoke him out of sleep, and he is afraid to cough or take a deep inspiration lest he might induce them. The pills to be repeated.

On the 2nd of September this man turned out of bed at once walked steadily, and I may add, briskly down the ward. As he is so much improved to-day, and complains of the jerkings in his back, I omitted one of the pills.

His recovery has since been confirmed in every particular, and, on the 6th, the man was sent out of hospital.

I think this is an instance of what might be termed "peripheral or circumferential reflex paralysis," as it had its origin evidently from standing in wet and cold for so many hours, there being no lesion of the bladder, kidneys, or other viscera to account for its reflection from any of them. I find a somewhat similar case related by Dr. Graves ('Clinical Medicine,' p. 503), where a man was seized with paralysis of the lower extremities by exposing his feet to cold and wet while baling out water in a quarry. Speaking of the prognosis of such cases, Dr. Brown-Séquard says its gravity depends in a great measure on the severity of the disease which induced it. If it does not arise from organic disease or other cause which is in itself generally fatal, it will often admit of cure, and that, perhaps, very rapidly.

The cases where recovery is so decided and rapid are very rare. I find Dr. Watson mentions a case of paraplegia from exposure to

cold, in which complete recovery was effected in two days.

G. M——'s case goes to show what a valuable agent we possess in strychma in paralytic affections, where we have no reason to suspect the presence of myelitis or other organic cerebro-spinal disease. On the treatment of such cases as the above, I am again tempted to quote Dr. Brown-Séquard, who says, if strychnia be administered in the reflex form it may be advantageous; but in cases of paraplegia consequent upon congestion or actual inflammation of the cord, if

you give strychnia you will always aggravate the affection.

In the above case, after a careful examination, I felt satisfied there was no organic lesion present, and accordingly I prescribed strychnia, having first stimulated the muscles by "dry cupping." I should have preferred the use of galvanism with wet sponges, but, for reasons which it is needless to mention, this was not convenient. The result realized my most sanguine expectations, marked recovery having taken place on the second day. I may add that the "twitchings" were exclusively confined to the paralysed muscles; those of the upper extremities seemed proof against the therapeutical action of the strychnia.—Lancet, Sept. 17, 1859, p. 282.

16.—Croton Oil as a Counter-irritant in Hydrocephalus. By Dr. John Watson, Southampton.—[The author has on several occasions witnessed the successful application of croton oil to the scalp after the setting in of the most formidable symptoms of hydrocephalus. A strumous-looking child, aged two years, on the cure of an eczematous eruption of the scalp, with copious discharge, had an attack of acute hydrocephalus: the symptoms soon became very severe, the child being semi-comatose, and the pulse slow and irregular.]

Thinking it possible for his present attack to be connected with the previous condition of the scalp, as a means of best imitating the eczematous eruption, the croton oil suggested itself. With the sanction of the gentleman who was attending with me. I directed the croton oil liniment (croton oil, half a drachm; turpentine liniment, half an ounce) to be rubbed over the entire head every four hours till a plentiful crop of pustules should make their appearance; after which we soon had an amelioration of all the symptoms, and he gradually became convalescent, though he was unable to speak for several days, and could not stand alone for a considerable period.

It is now several years since the occurrence of this case, which made a deep impression upon me; for I did not remember to have seen a recovery under such unfavourable circumstances. In the same stage of the disease, whatever may have been its assumed cause, I have since adopted the same course, and as far as individual experi-

ence goes, bear testimony to its efficiency. It is not so objectionable to the lattle patient's friends as a blister, and is at the same time more manageable; and, from the extent of surface to which it is applied—lecidedly more powerfully revulsive.—British Med. Journal, July 9, 1859, p. 540.

17.—ON THE TREATMENT OF TETANUS BY WOURALI POISON.

By Dr. GEORGE HARLEY, University College.

In 'The Lancet' of Sept. 17th, it is stated that-"M. Vella, of Turin, arguing from the fact shown by M. Bernard, in 1850, that the woorara poison is a direct sedative of the motor nerves, undertook a series of experiments which clearly showed the antagonism between strychnine and woorara. Being appointed to the French Military Hospital, at Turin, during the late campaign, and seeing several cases of tetanus which had resisted opiates, ether, &c., M. Vella resolved to The first trials were made upon two patients who had try woorara. been suffering from tetanus for four and five days respectively, in consequence of gun-shot wounds. They were both in a semi-asphyxiated and desperate state. The woorara produced a general relaxation of the muscular system, whereupon the patients felt much relief: but they both died. The same treatment was, however, employed upon a third patient, who recovered. He was a sergeant, thirty-five years old, tetanic from a gun-shot wound of the foot. Two grains of woorara were dissolved in nine drachms of water, and compresses moistened with the solution were applied to the wound; the strength being gradually increased to fifteen grains in fourteen drachms of water. For the first four days the compresses were renewed every third hour; afterwards every fifth hour, up to the twelfth day, when the changes were reduced to three and two in the twenty-four hours. In twenty-two days the patient could leave his bed, and returned to France thirty-six days after the first application of the woorara."

You may, perhaps, remember that in 1856 I pointed out, in the pages of your journal, the antagonistic action of wourah and strychnine—enting three experiments to show that these two substances have the power of reciprocally neutralizing the effects of each other, according as the one or the other poison is in excess. The conclusion I then drew from my experiments was, that wourali might be used as an antidote for strychnine. Since 1856 I have frequently repeated these experiments, and on several occasions have succeeded, by means of wourali, in saving the lives of animals to which I had administered strychnine in poisonous doses.

Two years ago, through the kindness of Professor Varnell, of the Royal Vetermary College, I had the opportunity of trying the effects of wourall on a horse labouring under a very severe attack of tetanus. Although I did not succeed in saving the life of this animal, I nevertheless saw enough to convince me of the value of the remedy. Indeed, I was so convinced of its beneficial effects that I would have tied it on a boy labouring under traumatic tetanus, whom I shortly afterwards saw along with Dr. Madge, had the disease not yielded to other remedies.

Seeing the success that has attended the administration of wourali poison by M. Vella, and the results of my own experiments, I feel anxious that this substance should receive a fair trul at the hands of the profession. No doubt wourali is a dangerous poison, but in hands habituated to its use I believe it is not more to be feared than opium or any of the stronger drugs.—Lancet, Oct. 1, 1859, p. 345.

18.—ON COLD AFFUSION IN NARCOTIC POISONING. By Dr. Reeves Jackson.

[Cold affusion is a convenient and most effectual remedy in cases of narcotic poisoning, but is not so highly appreciated by the profession as it should be. Often in these cases narcotics cannot be swallowed, the stomach-pump is not at hand, and galvanism, although a remedy of undoubted power, usually cannot be resorted to from want of the necessary apparatus. Three cases are then related, exemplifying the efficacy of this mode of treatment.]

The first was a child eight months old, to which a large dose of Godfrey's cordial had been given five hours before the author saw it. Intense stupor and rapid sinking were present, and the case seemed hopeless. The head being turned downwards, a steady stream of cold water was poured from a coffee-pot over the occiput. When two or three gallons had thus been poured, the child made a long, gasping inspiration, and opened its eyes. They were soon closed again, but after the affusion had been continued awhile longer, the breathing became more distinct, and the child uttered a feeble cry. Suspension of the affusion was attended with complete reproduction of the sopor. which, however, soon yielded on its resumption, and after a while the child having been got to cry lustily, vomiting was produced by means of an emetic and tickling the fances. In two or three days the child had regained its usual health. 2. A lad, aged 19, suffering from facial neuralgia, drank a large tablespoonful of laudanum. The author was called to him seven hours after, and found him under the full poisonous effect of opium; the surface cold and claimmy; the breathing megular, slow, and stertorous; the respirations eight in the minute; the pulse full, slow and very irregular; the pupils very contracted and insensible to light, the countenance calm and pale. Various means of arousing and exciting him were tried in vain, when cold water was poured upon the head from a large pitcher, held at a height of about eighteen inches. The effect was almost magical in arousing

his sensibility; and, after a while, violent vomiting ensued, all symptoms of drowsiness disappearing afterwards, under the use of a cup of strong coffee. 3. This was an example of poisoning by beliadonna, occurring in a lady, to whom it had been administered in an enema for the relief of neuralgm of the rectum. She was found by the author completely insensible, with a swollen, flushed face, slow, unstertorous breathing, and a small, hard (130) pulse. Various means were employed to arouse her without any effect. A large enema of thin gruel was first administered, in order to clear out any of the poison that might remain in the lowel; and a steady stream of water was then poured upon the back of the head and neck. In about five minutes she made an attempt to articulate; and the use of the affusion was suspended, as the patient was cold. Placed in bed, and lightly covered, in ten or fifteen minutes her face became flushed, and she again fell into a deep sleep. The cold affusion was reapplied, and she soon regained consciousness. Although she continued drowsy for some hours, she recovered without the use of any other remedy, her vision remaining dim and confused for about three weeks .- Med. Times and Gazette, Oct. 8, 1859, p. 367.

19.—ON THE MODE OF EMPLOYING THE HYPODERMIC TREATMENT.

By CHARLES HUNTER, Esq., late House-Surgeon to St. George's Hospital.

The Syringe for Injection.—The little instrument I use is made by Messrs. Whicker and Blaise, it is of the same make (but a little larger as regards the barrel) as their original caustic syringe. The barrel is of glass, with silver fittings, and contains a piston which works by a screw-rod, each half-turn of which expels half-a-minim, as a fine drop from the end of the pipe.

Two pipes belong to each syringe, the one larger and stronger than the other; the one here figured a is drawn the exact size of the smaller pipe, which will be found the best for general use; it screws on and off the barrel at pleasure, and is made of silver, with a hardened gold point. This point is sharp like a needle, and perforated on one side (as shown in the enlarged view, Fig. B) by the oblique open-

ing through which the drops of the narcotic or other solution are expelled.



No Incision is required with lancet, or other instrument, when this syringe is used, for the point of the pipe being very sharp and fine, is readily passed, with proper precaution, beneath the skin; no blood is shed, and the operation is no more than the prick of a needle.

The Employment of the Syringe.—Having charged the syringe with the narcotic fluid, hold it in the right hand at the junction of the barrel with the pipe, and with the left hand take up, between the finger and thumb, a fold of the skin of the patient, so as to make tense the part beyond your thumb, then the right hand being gently steadied, but not heavily pressed on the patient, let the point of the syringe, which is held at a right angle to the skin, touch the part which is tense, and, with a quick but steady movement, be passed through it; the point being well through the skin, the direction of the pipe may be altered so that it may run along in the loose cellular tissue beneath; * all this is the work of a moment; the pre-arranged number of drops are then introduced by so many turns of the piston, the pipe is then withdrawn, a finger making slight pressure as near as possible on the punctured spot, the object being both to steady the skin and prevent any drop of liquid escaping; and lastly, a narrow strip of plaster cut beforehand and warmed, is placed on the spot.

The strip of plaster is generally a precautionary measure, but it becomes a necessity when the quantity injected is large, say twenty minims; but it is always useful to prevent the spot from being chafed. A broad piece of plaster is worse than none at all, it presses on the "little lump" which is caused for a few minutes by the presence of the injected fluid beneath the skin, and not at all perhaps on the punctured spot, and so it does more to press the fluid out than keep it in (I have seen a first injection in a case of delirium tremens fail for this very reason); but a narrow strip just covers the punctured

These directions may appear unnecessary, but the operation may fail, as just shown, for want of attention to these little points. If the introduction of the syringe be attempted, the skin of the patient being loose, or the syringe held at the further end, and consequently unsteadily, the patient may by these means be put to a great deal of pain, and the pipe of the syringe may be bent or broken from the socket; but when it is introduced with a quick steady movement, the skin being tense, the patient does frequently not even know when the point is introduced.

The Tassic to Inject.—The tissue injected is the cellular or areolar tissue of the body; it may not matter much whether the cellulo-adipose tissue, the panniculus adiposus, or the reticular tissue beneath it (not containing fat) be injected, but the latter is to be preferred; it

^{*} In the rangerity of cases the plan above described is best, especially with thin people if, however, the patent is very fat, is is better to perforate vertically a portion of skin and subjects fat, pinched up, and so made tense between the finger and thumb.

is the looser of the two, fluid injected into it meet, with no obstruction, and cannot easily escape from it, but if injected into the skin itself, as some think it is, or the conjoined cellulo-adipose tissue, it is apt to cause pain, it enters less readily, and is more apt to escape; nor does it seem to act quite so rapidly as when injected into the loose cellular tissue from which most probably absorption is the more

rapid.

The Part of the Body to Inject.—When the object is to quiet the brain, or to produce a general effect, is it material whother the fluid be injected into the cellular tissue of the body or of an extremity? No: the non-necessity of localisation is the basis of this plan of treatment, and is the reason of its applicability in cerebro-spinal affections and general diseases. I need only refer to the various cases detailed in corroboration of this. The site which I, however, most commonly inject, is the inner part of the arm. The skin is here thin, easily made tense, and easily perforated; the cellular tissue beneath is loose, and readily receives the fluid; there are perhaps more veins here than in some other parts, but they are easily avoided.

The Quantity of Fluid to Inject.—It is as well to have the fluid of that strength that three or four turns of the piston shall be an ordinary injecting dose. Two or three turns can be made in a moment of time, and it is no small relief or surprise to the patient, who has been expecting, perhaps dreading, an operation, to find all over in less than

half-u-minute.

The Dose.—Too much caution cannot be employed with regard to the amount of the narcotic injected. Two half turns, if your solution is strong, may double the dose, and the life of the patient, for want of due care, be placed in jeopardy; I would, therefore, urge attention to these points:—

1. Be certain of the exact strength of the fluid employed, and the

exact value of each turn of the piston.

2 Concerning first injections, never use more than half the ordinary stomachic dose for males, nor more than a third for females.

3. Should a second injection be necessary, let it not be used too soon; nor in a full dose when the patient is partially under the influence of the narcotic.

These points are of practical importance, a certain degree of narcotism has to be reached for benefit to accrue, and by the injection it can be reached in many cases by a very small quantity of the narcotic, because of the rapidity with which the effect is produced; what we have to avoid is too great an effect; what we try to produce is a certain effect with as small a quantity as possible. This leads me to remark that men bear narcotics much letter than voners.

I was not aware to what extent this was the case until I had employed this treatment some little while; but I now think it may be looked on as a rule that men in general will bear with no ill effects, but be benefitted by, injected doses of narcotics, which doses would

very strongly, if not seriously affect women; in fact, this treatment is a test of the exact amount of a narcotic necessary to produce a desired effect, when taken by direct means into the general circulation. For instance, you introduce beneath the skin the one-eighth of a grain of morphia, the effect which follows is the whole effect of the whole one-eighth; but you cannot be certain that the effect which follows the administration of one-eighth of a grain, firstly, by the skin; secondly, by the stomach; or, thirdly, by the rectum, is the effect of the whole one eighth; but it is the whole effect of the quantity absorbed.

As by this method we get the whole effect of the known quantity introduced, which we are not sure of getting by the other modes, we have now a method as accurate as that of venous injection (without its dangers) for testing the precise effect of little-known medicines on animals, and the exact doses and effects of well-known medicines on man, of seeing the difference which the sex requires in the dose, and of ascertaining the minimum amount required to produce the desired

It is impossible to say "what amount is to be injected" without knowing the particulars of the case, as well as the sex and age; but taking the acetate of morphia for an example, I think that first injections for adult females should vary from the one-eighth to a quarter or one-third of a grain; for adult males, from the one-sixth to half or three-quarters of a grain.

First injections should be small rather than large, and are good indicators of the amount necessary, should repetition be required. It is true that I have seen used and employed myself much larger quantities than those I have mentioned, for first injections; but the cases

have been exceptional, and under close observation.

In the preceding papers on this subject I have shown the advantages of this mode of treatment over the endermic, enepidermic, and stomachic methods, which, requiring longer to act, are less certain and apt to fail completely. Before, however, bringing this paper to a close, I would allude to two other modes of medicinal administration, viz.

by the tongue and by the rectum.

1. Medicines administered by the Tonque. - Dr. Wardrop has shown that there is a remarkable difference in point of time when medicines are absorbed from the stomach or from the mouth, absorption being most rapid from the latter, and the effect is more regular and more equable. Nor is it difficult to say why .- the medicine absorbed from the mouth is taken directly into the general circulation, but when absorbed from the stomach it has en route to pass through the portal system; absorbed from the tongue, the effect is more regular, because the medicine is more certainly absorbed en masse.

There is, then, much similarity between the hypodermic and the lingual modes. Rapidity of absorption is the great point in the modus merandi of each; and with regard to the effect they both have the advantages of rapidity, greater efficacy, regularity, and equability. Can the one method, then, replace the other? Are they applicable for the same cases and medicines? No: they both have their advantages. Dr. Wardrop's plan is best for the administration of tasteless medicines, for calomel, et hoc genus onne, but it cannot be used for those medicines which are nauseating and bitter, not, in fact, for narcotics generally, not for cases of delirium, patients refusing medicine, &c., which are the cases where the other plan is most desirable.

2. Medicines administered by the Rectum.—This mode of medicinal administration is of great value, and useful as a means both for local and general treatment; there can be no doubt that this method has advantages which the stomachic has not, viz., of greater rapidity of action and greater effect, but the effect is uncertain; this uncertainty of action is not dependent on the mode of introduction, especially if the medicine be used in the liquid form, and employment be made of the graduated syringe invented by Mr. Spencer Wells to regulate the exact amount introduced; but is due to the want of regularity of complete absorption, which cannot be done away with. The rectal method is the more advantageous where the object is to administer the smaller doses of narcotics for affections of the intestinal canal, the rectum, and the parts adjacent supplied by the great sympathetic, but most especially for the speedy introduction of stimuli, and of nutriment in urgent cases, for liquids introduced by this plan have the advantage of being conveyed simultaneously into both the portal and systemic circulation; the hypodermic, on the other hand, is the more applicable for those cases where the part, requiring the narcotic, is supplied by the systemic circulation, and is under the influence of the cerebro-spinal nervous system .- Med. Times and Guzette, Oct. 8, 1859, p. 354.

DISEASES OF THE ORGANS OF CIRCULATION.

20.—ON SOME POINTS IN THE DIAGNOSIS AND TREATMENT OF HEART-DISEASE.

By Dr. G. H. Barlow, Physician to Guy's Hospital.

[The principal object of this paper is to show that a considerable proportion of diseases of the organs of circulation in general have a tendency to range themselves into one or other of two large classes, according to which classification our treatment should be in great measure regulated. Dr. Barlow says:]

Now I would premise that, though much labour and ingenuity have been employed upon the semeiology of cardiac disease, and more particularly upon the interpretation of the signs furnished by auscultation, these signs have been too little connected with the general symptoms, an omission which has, as I believe, somewhat impaired their value in a diagnostic, but still more in a therapeutic point of view. Now, in regard to the arterial pulsations, which we should naturally regard as next in importance to those of the heart itself, I cannot discover that much attention is paid to enabling the reader to connect the different varieties in the pulse at the wrist with different forms of heart disease, and the same may be said of the action of the lungs, the liver, and the kidneys. For instance we are informed, in general terms, that the liver may be gorged an I the urine scanty and turbid in heart-disease, but I think we may look a long while before we shall find it suggested that jaundice, from hepatic congestion or scanty and turbid urine, belongs more to one form of such disease than another.

Let us begin with the acrtic sigmoids. When there is exudation of lymph upon the surface of these valves, or between the layers of endocardium of which they consist there will be more or less narrowing of the orifice through which the blood passes into the aorta, and therefore there will be heard, upon auscultation, a bellows murmui accompanying the first sound, and traceable upwards along the course of the aorta. It may happen, however, and generally does so, when the effusion is between the layers of the valves, that by the contracttion of the effused lymph, the valves become puckered, and consequently, madequate to the closing of the ornice, and in this case there will be a double or see-saw murmur heard in the position just pointed Now, lesion of these valves has a very characteristic influence upon the pulse at the wist, which, in the case of obstruction, is sharp and compressible, rather defective in volume, but still more so in persistence when compared with the impulse of the heart however, there is regurgitation through these valves, whether from the above cause or from ulceration or laceration, it is large in volume and very compressible, it is, in fact of the water-humour or splashing character The phythm of the heart, under these circumstances is not disturbed, and the pulse neither intermitting nor irregular

If we turn our attention to other organs we shall find that in the earlier stages of disease of the nortic valves the circulation in the lungs is but little, if at all, disturbed and, therefore, that, except under exertion, the respiration is easy, the liver is not gorged, and there is fair performance of its functions, and as the portal circulation, as well as the passage of the blood through the cava, is unobstructed, there is a free secretion of urine

Let us now consider the symptoms of disease of the mitral valves. When such exits, whether it be obstructive or regurgitative the auscultatory sign is generally supposed to be a systolic bellows murmur most distinct towards the axilla though, in a case of obstruction, it perhaps, extends more towards the right side than in that of regurgitation, the murmur is moreover to be distinguished from that carried from acree disease by its not following the course of the acrta

I must, I owever, here express my belief that we ought not to regard the presence or absence of this murmur as deciding the question of the presence or absence of discase of the mitral valves, since its minediate connexion with such disease is, to say the least, doubtful In the case chair of obstructive, or regurgitative disease there will be the symptoms of obstruction to the pulmonic circulation-dyspuces, liver, and other signs of venous congestion, sometimes hamoptysisand a very small and often intermittent pulse The right side of the heart will become gorged, and therefore the liver, the consequence of which will be a diminished secretion of bile, the effects of which will generally show themselves in the colour of the urino and often in that of the skin From the obstruction to the portal circulation the urine becomes scanty, so much so, that on cooling it generally throws down some of its solid ingredients, especially the urates, and, besides its being tinged with bile, there is often a deposit of purparine

Hence, upon comparing these two forms of disease, we see in almost every symptom a remarkable contrast. The pulse, in disease of the aortic valves, is large, splashing, and regular; in mitral disease it is small, and often intermittent. In aortic disease there is little or no dysphoea, in that of the mitral valves it is urgent. In the former disease the complexion is for a long time natural in the latter it is, almost from the first, hvid, and often ictoric. In the former the urine is abundant and clear, in the latter it is scanty, high coloured, and turbid. And, not to carry the contrast further, let us turn to the mode of death. When death occurs immediately from disease of the aortic valves, it is by syncope, when it is from disease of the mitral

valve it is by apnœa.

I need hardly say that both the one form and the other of these diseases may be closely simulated by others a remark which applies

more particularly to disease of the mitral valve.

Thus, a dilated ventricle in an anæmic subject, with lax arteries, will present most, if not all, of the symptoms of disease of the aertic valves, and the same may be said of disease of the ascending aorta Whereas I do not hesitate to say that other forms of pulmonic obstruction, as, for instance, long-continued capillary bronchitis may present all the symptoms of diseased mitral valve, murmur inclusive I have however, adduced these forms of disease as typical of the two great classes into which most diseases of the heart-I had almost said of the circulatory system—seem to arrange themselves. I consider that the great difference between them consists in the obstruction. (for, after all, regurgitation is practically the same as obstruction) originating on one side or the other of that great barrier, the mitral The tendency of disease of the heart is to propagate itself backwards, that is to say, in the opposite direction to the current of the circulation Now this tendency is in the case of aortic disease, opposed and often for a long time successfully opposed, by the perfect closure of the metral valves, so that it is not till after the continued stress before the left ventricle has, by impairing its strength, led to dilatation, and rendered it unable to empty itself, and consequently to receive so realily the blood from the other side of the mitral valves, that the obstruction begins to propagate itself to the lungs, the right heart, lungs, &c. Whereas the closure of the tricuspid valve being physiologically imperfect, disease tergal to the mitral valve is rapidly propagated—the lungs, right heart, and liver becoming gorged in rapid succession—the effect being much the same whether the disease consists originally in obstruction or regurgitation at the mitral valves, or in impediment to the pulmonic circulation from severe bronchial obstruction.

I have already suggested that the great danger arising from disease of the aortic valves (in the first instance) is sudden death from syncope, an event which has occurred not very unfrequently, whereas the next thing to be dreaded is gradual failure of the power of the left ventricle (generally in the form of dilatation, without compensating hypertrophy,) the consequence of which is that the patient is brought practically to the predicament of a person suffering from disease of the mitral valves, whereas, in the case of the latter disease, we have a rapid supervention of dangerous engorgement of vital organs; hence it follows that, barring the risk of sudden syncope, the danger is much more remote in disease of the aortic than in that of the mitral valves.

Again, as regards the principles of treatment, I may remark that, both for the purpose of obviating the danger of sudden syncope and counteracting the tendency to dilatation, a tonic and often stimulating plan of treatment is indicated, the object being to maintain the tone of the system, and, as much as possible, to prevent the dilatation and promote some amount of compensating atrophy. We must, at the same time, try to relieve the circulation by keeping up a free action of the excretory organs. It would occupy too much space were I to enter minutely into details, but I may mention that I have frequently found the sulphate of zinc useful as a tonic, in such cases. There is also a form of medicine which I have for many years been in the habit of prescribing, somewhat empirically, consisting of a combination of hyoscyamus, nitric æther, and decoction of senega; and I may add, that where there is palpitation from diseased aortic valves, without any other serious complication, the benefit from this medicine is invariably great: and I may add that in other forms of cardiac, and I might almost add of pulmonic disease, the more the pulse and other symptoms approach to those of disease of the acrtic valves, the more confidence have I in the senega.

In disease of the mitral valves, on the other hand, although the pulse is much more feeble. I do not find the same advantage from stimulants as in disease of the aortic valves; by their use we often increase the palpitation without strengthening the pulse. In such cases we must look mainly to relieving the circulation through the

portal system, and nothing will be found to give so much relief (notwithstanding the feebleness of the pulse) as free catharsis, after which we may often be enabled to establish a free action of the kidneys. Relieving the pulmonic circulation by free expectoration, where it can be effected, is also a valuable adjuvant; and here I would add, as in the former case, that the same rules of treatment apply to all affections of the circulatory system, in proportion as their symptoms approach to those of mitral disease. And I believe likewise, that we might extend this remark to the opposite forms of subacute or asthenic bronchitis, which we not uncommonly meet with-I mean those forms of the disease in which there is in the one dyspnæa and wheezing owing to the walls of the tubes being thickened and their calibre thereby diminished, and in the other excessive puriform secretion. In the former of these there is obstruction to the functions of the bronchial tubes by change in their structure, and the chief anscultatory sign is wheezing; in the latter, where the chief disturbance is from the great muco-puriform secretion, there are large rattles. In the former there is great lividity; in the latter there is, indeed, a slight livor of the lips, otherwise there is pallor. In the former there is a bloated countenance, and sometimes general cedema; in the latter there is emaciation. In the former the patient dies suffocated; in the latter he sinks exhausted.

I was once led, by the observation of the condition of the left ventricle in poisoning by digitalis, to try the effect of that drug in disease of the acrtic valves, where death generally takes place with an opposite state of the ventricles. The result of my observations, however, was that my theory was perfectly wrong, whereupon I had recourse to it in what I consider the opposite form of disease, namely, that of the mitral, and in several cases, although the pulse was intermittent, with marked benefit. It is in such cases too, provided the urine is not albuminous, that the combination of a grain each of calomel, digitalis, and squill, so often successfully employed by my experienced colleague, Dr. Addison, will be found eminently useful.—
Guy's Hospital Reports, 1859, p. 342,

DISEASES OF THE ORGANS OF RESPIRATION,

21.—ON ASTHENIC PNEUMONIA.

By Dr. J. Russell, Physician to the Birmingham General Hospital, and Lecturer on Pathology at Sydenham College.

[The two cases which form the text to this lecture are instances of pneumonia of an asthenic or typhoid type. After briefly mentioning them, the author makes the following remarks upon the disease.]

Perhaps no malady is attended with less uncertainty in its diagnosis than a genuine case of simple sthenic pneumonia, on the contrary,

there are few more insidious than the same disease in its asthenic form. Where asthenic pneumonia exists as a secondary affection, it is not infrequently so entirely destitute of special symptoms that its presence may be entirely overlooked; and were it not for our knowledge of the circumstances under which its occurrence may be expected, our attention might never be directed to the chest. In each of the cases at present under consideration, there was no reason whatever to suspect the existence of the disease prior to the physical examination of the lungs. In feeble or unhealthy subjects, again, pneumonia, although it be the sole or primary affection, is often de-

prived of some of its most characteristic signs.

When pneumonia occurs as a secondary affection, it is spoken of as intercurrent. It is a more or less frequent complication of many diseases, which are produced by the presence of a poison in the blood; thus it is met with in the course of typhus fever, in erysipelas and surgical fever, in scarlatina, measles, and influenza, in remittent and yellow fever, and, as we have also found, in acute rheumatism. It appears not improbable that it may sometimes exist as the direct consequence of a morbid poison where no other indications are afforded of the presence of that poison in the blood, just as in every epidemic of scarlet fever we find isolated cases in which the characteristic affection of the throat is the only symptom of the disease which is present. Thus, whilst erysipelas is prevailing in the wards of a hospital, and the subjects of wounds or of operations are liable to be seized with that malady, instances every now and then occur of patients similarly circumstanced suffering from asthenic pneumonia, which we have every reason to refer to the poison of erysipelas, although the usual cutaneous inflammation be absent.

But the disease is also met with where we have no reason to suspect the existence of any specific poison in the blood; it may occur after exposure to cold, or to the operation of any ordinary cause of simple inflammation, in enfeebled individuals who have been exhausted by overwork, by anxiety, or by other depressing agencies, or who have lowered their health by intemperance, or by unhealthy habits of life. Such appear to be instances of ordinary inflammation, occurring in a debilitated constitution, which imparts to them their asthenic type. Yet, in many of these cases the early development of delirium, or of diarrhoa, or, as I have seen more than once, of jaundice, together with a manifest and alarming tendency to sinking, affords reason for the suspicion that some poison has either preexisted in the blood, or has been produced by the exciting cause of the disease; and this suspicion is strengthened by the observation, that in such cases the urgency of the symptoms bears no proportion to the extent of the inflammation; thus, I have seen these serious symptoms present, and hasten rapidly to a fatal termination, where the inflammation has been limited to one lung, and absent when it involved the entire lower

lobe of both lungs,

Now, where pneumonia is present under any of the circumstances I have indicated, the signs of its existence may be obscure; the energies of the constitution may be so deeply depressed by the injurious influences under which they have been labouring, that the power of reaction is prostrated, and the indications of the disease are proportionally deficient. It is surprising what an amount of inflammation may be inflicted upon the body under certain circumstances, without its appearing sensible of its presence. This want of reaction will generally bear a proportion to the depressing nature of the poison, or of any other cause which has been previously in operation; thus, the poison of measles does not generally exert any very lowering influence upon the system, and the signs of pneumonia, when it occurs, are sufficiently indicative. On the other hand, with the extreme prostration which attends the presence of the typhus poison, the greatest vigilance is necessary to render ourselves aware of the occurrence of the inflammation. Such differences arise, not from any diversity in the inflammation itself, but in the circumstances under which it takes place,

Nor is pneumonia singular in this respect; other inflammations, occurring under the like conditions, may be equally insidious. In puerperal fever, e.g., we not infrequently meet with instances in which inflammation of other solid organs, of the serous membranes, or of the joints, even runs on to suppuration, without its presence having been ascertained until it has been revealed by a post mortem exami-

nation.

I will now briefly compare the ordinary symptoms of pneumonia with those which are presented by the form now under our consideration. Even in the sthenic form, considerable allowance must be made for variations of symptoms in particular cases; but where the pneumonia has assumed an asthenic character, deviations from the normal

type are much wider and more numerous.

The Inflammatory Fever. In cases where a specific poison exists in the blood, the inflammatory fever is, of course, merged in the peculiar fever which attends the operation of such poison, and is of a low type. Where no specific poison is present, the inflammation may set in with a rigor, and sometimes with sharp feverish reaction; but the symptoms speedily assume an asthenic character, and may be attended, even at an early stage, by delirium and other serious symptoms; and the patient may manifest a marked tendency to sink. In all these particulars, however, there is great variety. In a case of uncomplicated pneumonia, which I saw the other day, the pulse sank below one hundred after the third day. In another similar case, in which both lungs were involved, the intellect was clear, and the pulse was below one hundred after the third day; whilst in two others, in each of which only a single lung was affected, the pulse was rapid. there was low delirium, and in one, retching, diarrhoia, and flocoitation; and death occurred in both, at an early period, with every symptom of exhaustion.

Pain in the Sale may be absent, even in ordinary pneumonia . t is more frequently so in the asthenic form, or, if present at first may speedily sink into a very subordinate position. In some cases. the pain occupies a situation more or less remote from the seat of disease Such deviation is by no means peculiar to the asthenic variety, but it becomes of greater importance in that form, on account of the absence of other indications, and the consequent danger of misleading the observer In one case the pain was seated in the upper and anterior region of the chest, the lower lobe being affected; in another it occupied the region of the left hip, and so free from urgency were the other symptoms, that the patient had actually weathered the first stage when I saw him, and had come down stairs. His hurried breathing, with his cough, directed my attention to his chest, and I found the entire lower lobe of the lung consolidated. Pain in the flank, or iliac region, is sometimes an attendant of inflammation, probably of the base of the lung. In one remarkable instance. I believe the pain was seated in the pillais of the diaphragm, as it was chiefly occasioned by hiccough which followed the presence of food in the stomach, and was so intense on any attempt to move the trunk, that it was next to impossible to examine the posterior region of the chest

Cough and Expectation are subject to much variation; the cough is not infrequently slight. In one of our hospital patients we should hardly have paid attention to it, although there was no dulness of sensibility, and his intellect was perfectly acute. On the other hand, it may be remarkably violent, I have seen it almost spassiodic. It is important to know that expectoration is often scanty, and may be entirely absent. It was trifling in quantity in both of our patients. It was entirely absent in three cases which I call to mind, although in one of them, which was examined after death, the inflammation had affected both lungs. When present, the sputum is often composed of senitiansparent mucus, of considerable adhesiveness, but without the peculiar gelatinous tenacity and the rusty colour of the expectorated matters in the sthenic disease

The Respiration presents, perhaps the most unvarying physiological symptom. There may be little or no complaint of oppression, but, except an instances of great prostration, the breathing is much increased in frequency. This symptom will often be very evident by comparison with the pulse, whilst the latter may vary in the number of its beats day by day, the breathing continues steadily frequent, thirty is, forty, or more respirations being performed in a minute.

The reason is evident The amount of space available for the purposes of breathing being lessened, compensation is made by increase in the frequency with which the air is transmitted through the lungs. In asthemic pleurist, also, this symptom is present. Cases of this disease, which sometimes present themselves in the out patient's room, in which the patient makes no complaint of the chest, often

for the are currens seem by the unboalthy frequency of the breathing the thirdly refer you, however, to one of our cases as obscuring or a till eastern. In the cirl in ward sixteen, frequent and irregular I call I was sufficiently accounted for by rheumatic affection of the there til nuscles and you may have noticed her distress on more than one occasion, when, on awaking from sleep, her irritable muscles were suddenly required to a same a state of greater activity

in the obscurity which attends the general symptom; of asthenic phenmonia, our great dependance must be placed upon our knowledge of the circumstances under which the disease is most hable to occur, and it very fortunately happens that when our attention has been directed to the state of the chest, the clear indications which are afforded by the physical signs at once deprive the case of all uncertainty the physical san however, usually present in the acute form of the disease, I have four I absent in some cases. I allude to cremtation. broughal bre, thing being the first abnormal sound I have discovered It is possible that, from the obs unity of the general symptoms the hirst stage of the disease may have passed before the examination has been made, but this explanation certainly does not apply to every case, and the scanty amount of the expectoration semetimes chserved, affords corroborative evidence in favour of the statement I have just made. Sometimes the signs of consolidation are preer he by conjutation in the area by nebral tuber, the incumoning charge as a count of capillary brenchaus. From the absence of a pil ann, equally when conciding with debeient expectoration, rescable to mistake the case for one of pleurisy. The diagnosis, however is early effected, for besides that vocal vibrations are present with abnormal intensity, on the affected side, the peculiar land of the dulness forms a distinctive sign of great certainty, when the inflammation is wated on the lower lebe The lower lobe of the long occupies the entire posterior region of each side of the chest, excepting only the supraspinous fossa. The lateral and anterior regions correspond with the upper lobe on the left, with the upper and and lie lotes on the right consequently in the cases I am now speaking of, whilst the che t is dull behind, even to the some of the scapula, in the lateral space and in front -as was the case with both our patients-it is clear, the line of demarcation approaching a virtual direction—a direction of course impossible with free fluid in the chest. The only form of plemisy which could afford a similar ign is that in which the fluid effusion is limited by adhesions

You may, paring expect me to assign the absence of the chloorles from the name as an additional dismostic sign of the presence if pri umonia, but since attention has been drawn to this subject by the elservations of Dr Beale and others the symptom in question has been found to be by no means peculiar to inflammation of the lungs but to be present in other forms of acute disease.

As hence pneumonia, like all low forms of disease, is more hable to

irregularity in the manner of its occurrence than the sthenic form. It may present itself in the upper lobes of the lung, or in the central parts. In a case the other day, the patient, who had been depressed by severe anxiety and worry, was attacked with fever, pain in the chest, and rapid breathing (from thirty to forty); but no physical signs presented themselves, excepting some prolonged expiration in the lower lobe of the lung for five or six days, when the usual signs of consolidation were manifested, preceded for one day by crepitation and rhonchus. It is probable that in this case the inflammatory action commenced in the centre of the lung.

In forming your prognosis, there are two elements for your consideration; the inflammation, and the condition of system with which it is associated. Now of these two, the latter is by far the more important. Pneumonia, though a sufficiently serious disease, has, if uncomplicated, a strong tendency to recovery; but this tendency may be overcome by the noxious influence of a poison in the blood, or by a state of constitution in which the powers of the body have been prostrated by debilitating influences. Hence your judgment will be regulated rather by those symptoms which relate to the state of the patient's general health, than by those which indicate the extent of the inflammation. The same circumstances will influence the progress of recovery. A state of cachexia will not only retard this process, but may even turn it into a very unfavourable direction. It promotes degeneration rather than repair, and hence may create a We had a striking illustration tendency to suppuration or gangrene. of the truth of what I have said in the hospital the other day.

(British Medical Journal, May 7th.)

There is one awful accident which sometimes happens in this disease, of which it is very necessary that you should be aware—the occurrence of sudden death by fainting. I have twice seen this unhappy termination to the low form of pneumonia; and once to acute bronchitis occurring with miliary tubercles, and with the heart in an early stage of fatty degeneration. Two of the three patients had suffered from much anxiety, and from overwork; of the third I have no information in this particular. I have also been told by a friend, of a case of subacute pleusisy, in which death took place in the same manner. One of my patients died as she was in a senti-recumbent posture, arranging her hair. Another literally passed from sleep to

death, and was found in the attitude of quiet repose.

The subject of treatment would afford matter for an entire lecture. I shall content myself with simply indicating the principles by which you must be guided. I have already stated that pneumonia, when uncomplicated, has a natural tendency to recovery. The danger, therefore, arises more from the encumstances which attend it, than from the inflammation itself; and such circumstances must receive a considerable share of attention in the treatment. Not that I would lead you to disregard the inflammation; I only desire to place

the other elements of the case in their proper position. The more predicted physiological knowledge we now posses, has defined with a certer precion the position held by the blood versela in the process of patration and has taught us that changes in the circulation of ordering an affected, or of the system at large. We no longer regard inflammation as an entity of itself; but as one of a series of changes in the nutrative process; and these other changes often demand a still larger share of our attention. Impure states of the blood, depraved conditions of nutration, the presence of tubercle or of cancerous deposits, often assume greater importance in our estimation than the local inflammation they may provoke.

Now in the disease in question, the concurrent circumstances indicate either that the cause itself of the inflammation seriously depresses the nutritive powers, or that it is allied with some other agency which tends to produce the same effect; and we have to do our best to prevent the favourable tendency of the inflammation from being overborne. On this account, selatives, especially tartar emetic, which are of much use in stheme pneumons, are often quite madmissible; and in favourable cases, can only be employed in the early

stare, and in moderate doses.

Blisters, on the other hand, which are of questionable utility in the early stage of the sthenic form, are of much service. A few leeches also may afford much relief to the pain. Mercury has the high sanction of Dr. Watson. I would, however, venture to suggest that it is apt to be attended with the inconvenience of producing troublesome duarrhies; and I have seen recovery imperilled by its occurrence.

In consequence of the tendency to depression which is so frequently prominent in these cases, atimulants will very often consti-tate most important remedies. Their quantity must be saited to the requirements of the particular case. In a case to which I have already retoried, the patient did well with only a few doses of am-Here, a stronger stimulant would have been unnecessary, and therefore injurious. On the other hand, in the pneumona of typhus, or of crysipelas, or in the uncomplicated form, where delimin appears, with a rapid pulse, and other signs of prostration, wine and boundy must be given with a free hand. Between these extremes there will be every gradation. The object of stimulants is to keep up the energy of the enculation; and their employment must be regulated by the state of that function. On the other hand, wine op i species de not contam introden, and therefore cannot be approgarded by the tooner as food; they are no doubt entirely eliminated. it will, therefore, be desirable not to load the blood with an unnecesany quantity of excremental matter, especially when so important an summetory for earbonaceous matter as the lungs, is diseased.

With these precautions, stimulants must hold a very high place

among the remedies for asthenic pneumonia, especially as it presents itself among our town populations

Opum, which so ficquently accompanies stimulants in the treatment of disease, often proves a very valuable remedy. Regard must, however, be had to the tendency of the particular case. Some morbid poisons are narcone in their action, and tend to produce stapor. This is sometimes the case with the typhus poison, for example; when such a tendency is observed the employment of opum, at all times dangerous, would be deably so with the respiratory surface scriously lessened. It is when the symptoms of asthemia exist without this complication, that this inclining lends its invaluable and.

I need not say that due attention must be paid to the state of the secretions, and particularly to the alvine evacuations, and that while you secure the near says relief to the action of the bowels, you must avoid weakening your patient by the under administration of purgatives, particularly those of the more powerful class. Support by higher matritions dict, is of great importance. By the judicious administration of beef tea, in small quantities, at hort intervals, you may in mild cases, even avert the incressity for stimulants, or at least for those of the stronger kind.—Leat. Med. Journal, July 2, 1859 p. 524.

22 - Suphilitic Previous - We well remember hearing Dr. Stokes describe a form of pneumonia common amongst drunkards, and which he called "drunkaids' pneumonia." There is also an inflammatory consolidation of the lung which owes its origin to the poison of syphilis, and hence is well worthy of the appellation of "syphilitic pneumoma." At the Royal Free Hospital, on the 22nd ult, we were shown a well marked case of the latter, under Dr. O'Connor's care, the patient, who was admitted about the middle of July, being thirty-five years of age. His syphilitic history was clear, and was associated with a papular eruption, some of the coppercoloured spots bem, visible up to the present time about the back and shoulders. On his admission, the physical signs of pneumonia were present, the dulness over both lungs was very considerable and extensive and the vocal resonance was strong and distinct all over The dyspine i, therefore, was urgent but the breathing was not so embarassed as in ordinary pneumoniar, There was also frequent cough without expectoration, associated with much wasting, and a small and quick pulse (100 His treatment consisted of blisterms all over the che t, hve-grain doses of jodido of potassium from the 2 or 1 to the 18th of July and four grams of mercury-with chalk and common three a day. On the 2nd of August, a gram of rodide of mercus, with the grow of extract of comma, three times a day, were ordered and continued till the mouth became fore, and a quarter of a scarn of ministe of morphic every might. The gums are tender now, he is the regarded of potassium with his cough mixture, and the disease is yielding. One of instesticles was much enlarged, of a pv μ form shape, and indurated, principally depending upon enlargement of

the epididymis. His voice is hoarse and husky.

This is one example in some six or seven which have been admitted into this hospital with the symptoms of inflammatory chest disease, clearly the result of syphilis. A case in many respects similar to it, is under Dr. Willshire's care at the Charing-cross Hospital, differing only to this extent that the bronchial tubes, trachea, and faucial nuicous membrane have been affected, instead of the lung tissue. The patient is a middle aged woman, whose history is obscure, but the idecrations and other piculiarities point to syphilis as the cause of the disease. The secretion from the tubes is copious, and occasionally hemorrhagic. She has much improved under the use of the syrup of the iodide of iron.

We have seen cases in the Itoyal Free Hospital, under Dr. O'Connoi's care, wherein the evidences of phthisis were present, with an absence of the physical signs of the disease, the symptoms depending upon constitutional syphilis, and readily yielding to the exhibition of mercury.—Lancet, Sept. 3, 1859, p. 238.

23.—Treatment of Philosos by Carbonate of Lead. By M. Beau. According to M. Beau, it is extremely rare that a case of philosos found among workers in lead. The immunity which he had observed in this respect led him to try the efficacy of some of the preparations of this mineral in arresting the progress, and in entirely eradicating the tuberculous diathesis.

He gives the preference in his trials to the carbonate of lead, which preparation being insoluble, he considers as less liable to produce an unfavourable reaction upon the stemach. He administers it in increasing doses, from 10 to 80 centigrammes (2 to 16 grs.) each day, in pill, arresting or suspending the use of it as soon as the patient appears to be sufficiently impregnated; that is, as soon as the symptoms characterising the first degree of saturnum poisoning appear, such as arthraterial

gia and gesia, lisere, and an icteroid tint.

M. Beau reports five cases, in four of which certain symptoms, especially the cough and the expectoration, seemed to be favourably modified by the use of the carbonate of lead. He does not, however, announce a complete cure, and adds, that as an auxiliary to this medication, it is necessary to support the patient by the best possible means; by nourishing food, wine, tonics, and causing him to observe all the rules of a rational hygiene—American Medical Monthly, Aug. 1859, p. 115.

^{24—}On the peculiar Efficient of Sulphate of Copper in Exciting Vamilies in the Treatment of Croup. By Dr. Missoux.—The importance of repeated vointing in the treatment of croup is admitted

by many practitioners, but the choice of an emetic is a point which has not hitherto been fully determined. Since vomiting has been considered by some as the mechanical act which induces the detachment of the false membranes, tartar emetic has been employed for the purpose. Others have preferred ipecacuanha, the dynamic action of which is less depressing than that of tartar emetic, but there its superiority ends. The sulphate of copper, in addition to its emetic action, possesses a very remarkable property of acting locally, and this peculiarity makes it superior to tartar emetic and ipecacuanha. With the latter substances, the patients derive benefit only from the mechanical act of vomiting, and when the false membranes are expelled, others are formed. The case is quite different with sulphate of copper, for when a solution of this salt is employed, the secreting surfaces are so modified, that no more false membranes are formed. or if they are formed, they no longer present the plasticity which renders them so adherent to adjoining parts. Dr. Missoux, after a practice of eighteen years, states that the sulphate of copper has been in his hands the most successful emetic agent in the treatment of croup. Its purifying action appears to him the more valuable, because diphtherite (croup) at its commencement is often localised in the throat, and by applying remedies early, the extension of the false membranes to the larynx may be prevented. He wonders that this topical action of the copper salt has not been hitherto observed upon plastic exudations which are visible to the eye, such as cutaneous diphtheria, and that of the vulva, the throat, and the nose, for its effects in these complaints would have induced a speedy conviction of its utility. The dose in which Dr. Missoux administers the sulphate of copper is rather larger than that prescribed by other physicians. For young children he dissolves a quarter of a gramme of the salt in 125 grammes of distilled water, and orders a teaspoonful to be given every ten minutes, until vomiting is produced. After the age of puberty, and in adults, he increases the dose to one gramme, without his having ever witnessed any poisonous effects. The more the solution is concentrated, the more frequently the doses are given, and the carlier its administration is resorted to, the more prompt and certain are the effects of the treatment. Out of thirty diphtheritic cases, I)r. Missoux lost only two. This result may surprise some readers. but he assures the profession that he has determined the existence of croup only after actually observing the presence of the false membranes in the bronchi, trachea, and larynx.—Brit. and Foreign Med-Chir. Review, July 1859, p. 245.

^{25.—}Croup—Enlarged Tonsils.—M. OTTENBOURG informs the Medical Society of Paris, that observation has led him to the conclusion, that permanent enlargement of the tonsils protects against croup. Children, exposed to the infection of croup, having enlarged

tonsils escaped the disease, while others without hypertrophy of these organs contracted croup. This view of the matter has led M (attenbourg to this practical result. He advises the parents of children not to allow their enlarged tonsils to be removed.—Med. Times and tharete, May 21, 1859, p. 517.

26 .- On the Employment of Veretria in Acute Diseases of the Chest .- M. Aran has called the attention of practitioners to the remarkable effects produced by the internal use of veratria in febrile diseases, and especially pneumonia. In the Sardinian Medical Gazette an article has appeared, in which Dr. Chiglia, without any knowledge of M. Aran's researches, recommends the use of veratria in the same circumstances, except that he never employs this alkaloid alone, but associates it almost always with opinin, sometimes in the form of pill, sometimes as a syrup. The dose of veratria is five millegrammes (077 of a Troy grain) in a pill with the same quantity of opium, and the number of pills to be taken in the twenty-four hours varies from six to seven, and even twelve, according to the circumstances. In this dose, according to M. Ghiglia, vomiting rarely occurs, but nausea and the other depressing effects of veratria are present. results obtained by M. Ghiglia in certain cases of pneumonia, bronchitis, and broncho-pneumonia have been sometimes most remarkable, but have been occasionally unfavourable, and the following are the results arrived at by this author: "1. The inflammations of the respiratory organs, when they have arrived at such a period as to produce disorganisation of the parts, are not improved by the use of veratria. 2. The action of this substance is the more favourable in proportion as the disease is more recent. 3. The telerance is very various, according to individual habits, and perhaps also according to certain peculiarities which are not yet will understood. 4. The more easily the tolerance ceases the more marked is the depression. 5. Veratria is in many respects a preferable medicine to others which are more constant in their action but less easy to take. And 6. It is perhaps pradent, in severe inflammations of the respiratory organs, to order a few bleedings before prescribing the veratria,-Brit. and For. Med.-Char. Review, July 1859, p. 242.

DISEASES OF THE ORGANS OF DIGESTION.

27.—ON DEFECTIVE ASSIMILATION IN INFANTS—ITS PREVENTION AND TREATMENT.

By Dr. Routh.

The greater part of the mortality of infants is due to defective assumilation—the result of want of breast-milk, and the use of injudicious food. Diseases of defective assimilation are favoured by here-

ditary tubercular habit, exanthemata, bad air, and want of cleanliness. After death, when diarrhosa has been present, led patches or aphthæ are found on the alimentary mucous membrane, or a reddish-coloured intensely acid mucus is found exuded from it.]

The disease seems to be gradual, passing on to entire loss of primary assimilation; the secondary still persisting, although mactive from want of assimilable matters to take up. Albuminous, starchy,

and only matters were not digested.

The treatment consists in supplying fatty acids and already artificially digested animal and occasionally vegetable substances, especially human milk. If this could not be sucked, it should be collected in a cup and given by the spoon. Dr. Routh strongly animadverted here upon the absurd dogma, that it is wrong to mix human and cow's milk. He, on the contrary, believed the plan not only safe, but the very best practice in many cases, and the only means of saving an infant's life. Simple juice of meat, and this with vegeto-animal food, he had found most useful in fulfilling these indications. The remedies were of two kinds 1st. Those calculated to increase cell growth and development. Phosphate of soda, producing an emulsion with fats, thus allowing of their assimilation; chloride of potassium. to dissolve carbonate of lime; phosphate of lime, to enable blood to take up more carbonic acid, and thus hold in solution more carbonate of lime, (these substances severally strengthening muscular and bony structure,) lime-water, to provide lime to blood. 2nd. These last also acted as some of the remedies calculated to allay local irritation of the alimentary canal. Carminatives were useful, such as dill, but especially cinnamon-powder, to correct flatus and to check diarrheea. Anodynes were also (however objected to generally) strongly recommended by the author. For the diarrhoea, when present, nitrate of silver and sulphate of copper were the best remedies Wine was also found very serviceable, even if given in large quantities. remedies however, it must be confessed, proved in most cases of no avail in the third stage, which was, he might say, almost incurable; but they acted very effectively in the second and first stages .- Lancet, June 18, 1859, p. 613.

28 —CASES OF ASCITES, APPARENTLY ARISING FROM CHRONIC PERITONITIS.

By Dr. WILLIAM PALEY, Peterborough.

This paper, which was read before the South Midland Branch of the British Midland Association, is an abstract of thirty-six cases of asertes, apparently arising from chrome peritoriats. It is noteworthy that in most of the complications in these cases, the strumous diathesis scened strongly marked. The disease is essentially chrome, more liable to supervene in young persons, especially females, four-

then of the cases being males, and twenty-two female. In only one case, out of the five which died, was an examination permitted, and in this, the peritoneal surface was studied with tubercles, and a considerable quantity of sero purulent fluid was contained in the peritoneal cavity. With regard to the treatment the author remarks 1

Treatment -In the earlier cases, I tried dimeters, purgatives, and counter arritants without much effect, then I used the middes, prinequally the syrup of sodele of iron, and fretion over the abdomen, with omtment of padule of mercury both, I am bound to say, with good effect, still the absorption of the fluid went on very slowly; a bing course of traitment was required before it could be effected, and the path of's strength was very not to give way in the meantime At ha! I fru I c d liver oil, and found it so successful, that for the last eight years it has always formed the basis of my treatment generally give at the same time the syrup of mande of non, if there 1. no durnhea, and use friction over the abdomen with the iodide of mercury outlinent. I lay great stress also upon keeping my patients as much as possible in the open air giving a nourishing but unstimulating diet, carefully avoiding either invaliding them or reducing their strength by too artive remedies. If there is distribute or very much pain in the abdoman, I give small spates, either with or without astrongents, as the lowels may remore. In two cases only, from the great distintion of the abdomen, was the operation of tapping thought de trable, in one, a child, it gave no permanent rehef, the body filling agun in a few days it was not therefore repeated In the other case, that of a man, in which I suspected an abdominal tumour it was performed four times, and seemed materially to assist the cure, the quantity of fluid diminishing after each operation.

In conclusion, and lest any one should be disappointed in not being able to effect a cure so rapidly us in could wish in similar cases, I will just mention the length of treatment required in the cases given, one one week (died), four from two to three weeks, two from three to four weeks, two from four to five weeks; two from two to six weeks, four from six weeks to two months; eight from two to three months; tour from three to four manths, thee from four to six months; three from six to time months, two from time to twelve months one eighteen months.—Brit. Med. Journal,

July 23, 1859, p. 587

29 - - ULCEROUS STOMATITIS IN THE ARMY —CHLORATE OF POTASH.

I become stomatitis, which almost exclusively occurs in private practice among pauper children, and more especially when they are collected together in hospitals, asylims, and workhouses, is also far from uncommon among our young soldiers. In consequence of excep-

tional circumstances caused by the Crimean war, several physicians attached to the civil hospitals were entrusted, in 1855, with medical wards in the military hospitals of Paris. M. Bergeron occupied one of these temporary situations, and to that circumstance we are indebted for an excellent memoir on ulcerous stomatitis in soldiers, and its identity with the peculiar stomatitis of children which has been called ulcero-membranous.

In his wards, at the Hôpital du Roule, M. Bergeron was much struck with the frequency of ulcerous inflammation of the month among the garrison of Paris at that time, the disease chiefly attacking recruits. The development of the affection was clearly under the influence of hygienic circumstances—a fact proved by the privates being more subject to it than non-commissioned officers, and the latter far more than officers. As causes of the malady M. Bergeron indicates the want of variety of the food, the insufficiency of the regulation supply of spirits, crowding, and, as an agent of propagation, contagion. He also ascertained that suppuration within the alveoli constitutes a local predisposition to this specific form of stomatitis.

From M. Bergeron's interesting researches we also gather the following singular and unexpected fact—viz., that the disease is all but unknown in the navy, and that it has been observed neither as an endemic nor as an epidemic affection in the armies of Great Britain, Austria, Denmark, Egypt, Holland, Naples, Prussia, Sardinia, Saxony, Sweden, Tunis, or Wurtemburg; that, moreover, it is almost as frequent in the Portuguese army as in the French land forces, and

that it occasionally is met with in the Belgian troops.

Endemo-epidenic stomatitis is anatomically distinguished by ulcerations of various form and extent, chiefly occupying the gums and inner aspect of the cheeks, but which may invade any part of the mucous surface of the mouth, and by enlargement of the submaxillary or covical glands. These changes are invariably attended with much pain, abundant salivation, and extreme fetor of breath. Ulcerous stomatitis has nothing in common with diphtheria, and differs fundamentally from gangrene of the mouth, plagedenic sores, or scurvy. It is entirely identical with the buccal inflammation of children, which has received the denomination of ulcero-membranous stomatitis.

When properly treated, this disorder terminates favourably in ten days; whereas, if abandoned to nature, it may last as much as three months, and is therefore deserving, in the highest degree, of the atten-

tion of the profession.

The most rapidly efficacious method of treatment, the safest, and at the same time the least troublesome, consists, in the present state of science, in the exhibition of chlorate of potash, preceded or not by an emetic. The chlorate being, however, not very soluble in cold water, and being liable to deposit, if merely added to the mistura acacise, it occurred to M. Vial, chief apothecary to the hospital of the Roule,

to prepare a warm solution at 1-20th, to be added to the excipient. Thus M. Bergeron's prescription consisted of—

to be taken in four doses, at intervals of three hours. When, after six or seven days' treatment, and gradual improvement, the reparative action was suspended, the dose of the solution of chlorate was increased to three ounces, and if no beneficial results followed this augmentation, the exhibition of the chlorate of potash was temporarily interrupted, and the dry chloride of lime substituted. In most instances, however, a speedy cure resulted from the use of the chlorate alone. The great benefit conferred upon the army by the introduction of this substance into medical practice in military hospitals, from M. Bergeron's felicitous applications, is obvious. Of course, in order to check the development of the disease, and rid our regiments of this endemo-epademic affection, hygiene must interfere; and it is by muprovements in the food, in the repartition of duty, and chiefly in barrack accommodation, that M. Bergeron deems this end may be attained. While looking forward to the realisation of these reforms. perhaps it might be possible, by some simple measures, greatly to diminish the chances of ulcerous stomatitis. M. Bergeron expresses the opinion that soldiers should be compelled to submit to examination of the cavity of the mouth, and that, when the presence of the disease is duly ascertained, the patients should be isolated, and placed under the influence of the chlorate of potash medication. M. Bergeron also suggests, that instead of merely requiring that a toothbrush should form part of a soldier's necessaries (a good thing, of course), he should be under the further obligation of using it with the same punctuality observed in the performance of ablutions upon the head and hands, which are at all times strictly enforced. Journal of Practical Medicine and Surgery. - Dublin Hosp. Gazette, Aug. 1. 1859, 7. 236.

30.—THE CEREBRO-SPINAL SYMPTOMATOLOGY OF WORMS, ESPECIALLY TAPE-WORMS.

By Dr. Thomas P. Heslop, late Senior Physician to the Queen's Hospital, and Professor of the Practice of Physic, Queen's College, Birmingham.

[Serious aberrations in the nervous functions are caused by the presence of intestinal worms. The author establishes this proposition by a reference to the whole of his recorded cases during the past seven years; observing that cases obtained from the entire experience of one observer extending over a period of many years are less likely to lead to error, than those observed by many different persons, none of whom may have taken the requisite precautions to exclude error.]

I have observed that the symptoms of the presence of worms have. in fact, a striking uniformity, and give a peculiar physiognomy to a Since the first part of this paper was in print I have seen a good illustration of this A lady, about thirty five years of age, of pale complexion consulted me for most obstinate headache and general neuralgic phenomena. The senses were dulled, the skin div: thirst considerable, urine much more copions than natural, and pale. Though doubtful of the real nature of the case previous to an examtion of the urine I yet ventured to hint that probably worms were at the bottom of her neuralgic complaints, and prescribed an anthelmintic draught. No worms were passed, and the urine was found, though of low specific gravity, to be free from any other peculiarity. The ulea of worms was almost abandoned, yet, three or four weeks afterwards, a very large lumbrious was passed into the clothes while going up stars, and its expulsion was attended with a certain amount of rulef At first sight, this case seemed to warrant the fear that some chronic kidney affection was the cause of the symptoms, and I did not feel satisfied upon this head until I had enjoyed the opportunity of a careful examination of the mine. But it was not the only time that such doubts have entered my mind in investigating the symptomatology of worms. There is the strictest similitude between the cerebrospinal symptoms of some forms of Bright's disease, especially of that form attended with the hard, contracted kidney, and those attendant upon worms particularly the type-worm to close is this likeness. that in cases where I should have otherwise predicted the presence of worms, my mund has been suspended in doubt until after the urme had been subjected to scrutiny.

This point is too interesting, and offers too many valuable considerations for our notice in speculating upon the conditions of these symptoms, to be passed over without a little further comment. What - looking at the observations which have been already adduced-may be tanly termed the phenomena of a representative case of vermination in the adult ! They are about as follows -A man, with a pale face, but fair er houp unt, presents himself to his attendant, complaining of dull headache, not hunted to any particular region of the cramum, but perhaps more man of in the frontal region than elsewhere. This headache does not offer any marked exacerbations or remissions. but is alm at constant and sufficiently eevere, without being excinciating, to render life if not a burthen, at least unhappy. Giddiness is so severe that he often stargers about like one intoxicated, and when this symptom is present to a less degree, there is still almost contintously a sense of confusion and insecurity, which renders walking a The curs are affected with a constant buzzing, and a great you tyes nerves, described sometimes as being like that produced by the ballog if a ten-Lettle, sometimes like the letting off of steam from a body, not rarely like the rumbling of thunder. The Acuteuces of the case of hearing is, at the same time, unimpaired

I me well seem to be emitantly before the exist Ho vi un is dall on that every object wears a larry aspect at other times, dark spets or brillian' flashes obstruct vision. Next to the headache and giddimass, it is the increasing imperfection of this sense which most alarms the patient. He fends that in serving objects his hands are not so theroughly under central as formerly. They and the arms are in a tate of constant tremor, and the legs are similarly, but to a less degree affected. This availation is sometimes so severe that he finds it difficult to held objects firmly unless he concentrates his attention upon his actions. He has a variety of unusual sensations about his body, all more or less referable to numbress. The stemach occasionally rejects its contents, and he is troubled with a general sense of uneasiness about the abdomen, sometimes with a sharp colicky pain. He has, perhaps, lately suffered a severe convulsive seizure, or been the subject of a transient stuper. If the patient be a woman, violent hysterical crises have occurred, or genuino epileptic attacks. face is not merely pale, there is an aspect of languor and heaviness, much increased by a drooping of the upper lids in a severe case. Such is an abstract of the more common symptoms of worms, and I know of one disease only which presents a similar combination of morbid signs, and that disease is morbus Brightin. Fortunately the renal secretion is at hand to dive the difficulty and to exclude doubt

This similarity of symptoms encentered by can examinating so opposite as toxo mia on the one hand and intestinal aritation on the other has led me to do do the the generally received opinion, that the nervous phenomena of worms are connected with the mere results of these parasites, as it tauts of the intestinal tract. There is no eccentric irritation known to us which produces like effects, and all analogy is in favour of the view that a generalized lesion of the nutritive function as indicated by a morbid blood-plasma, is the real source of these remarkable ratiological states. This view is confirmed by the reflection that a prefound lesion of the primary assimilating processes generally accommones, and probably precedes the generation and developus at of these worms. And in fact it is difficult to explain their presence, except on the supposition that a suitable ridus has been ineviously prepared in the shape of morbid secretions, wherein the To the e germs probably most persons, both in germs can fertilize civilized and uncivilized life, are pretty frequently exposed, yet a large majority of mankind undoubtedly escape being infested by them. It is consonant with all our knowledge of natural history to suppose that those who escape are in a physiological condition, have their secretions in a health visite, and consequently other no resting-place in which the ova of entozon can become developed Hence, too, the greater frequency of these parasites amon, the ill fed and half-fed demisons of our great towns, a fact which does not compel us to seek for its cause in a greater exposure to the germs under such conditions. In. Ellions in very justly observes, that "generally speaking, these

worms prevail more especially in proportion as the patient is weak We know that persons who are exhausted from fever will become the subject of vermin. In extreme debility of the constitution, a patient may be cleaned several times a day, and be covered with a fresh crop of vermin! So it is, in general, within. The more weakness there is of the body, the more the entozoa thrive. Bad air, bad food, and the want of sun, will contribute to their appearance. When rabbits are kept in a bad place, they become subject to hydatids; as do also sheep in wet pastures."

We find a further confirmation of these views in the circumstance that, though relief is speedy when the symptoms above related have been brought about by the presence of worms, it is by no means immediate, as it would be if a mere intestinal irritant were the sole condition of their existence. So far from being immediate, the relief consequent upon the expulsion of worms, in severe cases, is but slowly effected, even when we find no reason afterwards to suspect the presence of others in the body. This is very manifest in many of the cases, and deserves notice in a practical point of view, as it serves to demonstrate the necessity for careful dietetic observances, and judiciously applied medicinal agents for some period after the end in view has been apparently gained. Here, too, is the source of the frequent disappointment of patients, who begin to despair of cure when they observe a constant recurrence of the symptoms and of the parasites, in spite of powerful anthelmintics periodically administered. The palliative is the vermicide; the radical cure is to be found elsewhere though medical doctrines lead to a reverse conclusion.

There are, confessedly, certain disorders enger dered or maintained. by worms, whose relief is strictly synchronous with their expulsions whether effected by nature or art: such as hooping-cough, infantile convulsions; but these exceptions do in fact prove the rule. The nervous System in early life very quickly sympathizes with intestinal irritation, and a crisis occurs, such as is well calculated to draw the attention of the physician to the possible presence of worms, long before they have materially impaired the general nutritive functions. The species of worm present in most of these cases, too, is such as forbids the belief that a very marked interference with those functions is likely to occur. Ascarides in the great majority of these cases, and lumbrici in the rest, are the worms with which we have to deal. The former seem to infest the large intestine almost exclusively, and its extreme portion in most cases; while the lumbrici, though invading by preference, the small intestine, do not offer, unless accumulated in great numbers, the enormous bulk so common in tenia, and are therefore, less likely to interfere with the normal function of the park

In reference to the aggravation of hooping-cough in certain states of the economy, Dr. Whitehead, in his third Report of the Manchester Clinical Hospital, says:—"By a similar kind of sympathetic irritability, the presence of worms in the intestines will aggravate the symptoms, or prolong the duration of hooping-cough almost indefinitely; in several metances in which the symptoms continued una bated unduly long, and where it was found that worms existed, the expalsion of these parasites was immediately followed by mitigation of

the symptoms, and speeds cure"

It is however, to be observed that there and similar symptoms are frequently to be noticed in tama. Thus, Dr. Watson gives a case from Bremser, "of a child eleven years of age afflicted with tenia, who had a troublesome dry cough. It was observed that her cough was suspended for two mouths, just after a very large portion of the worm had been brought away by anthelimintic medicines. This kind of coincidence happened not once only, but three or four times; and, at length, when the whole of the worm had come away, the cough was permanently cured."

Dr. Graves gives a case of a young lady who had fits of coughing of extraordinary intensity; the cough was dry, loud, and hollow, and repeated every five or six seconds, night and day, when she was asleep as well as when she was awake. In spite of this terrible agitation, she did not fall away proportionally. Every imaginable measure was employed, but no relief followed. The case was "given up in despair." Some time afterwards Dr. Graves heard that she had been cured all at once by that ubiquitous medical practitioner, "an old woman." who had suggested a dose of turpentine and castor oil, for the purpose of relieving a sudden attack of colic; two or three hours afterwards the young lady passed a large mass of tapeworm, and from that moment every symptom of pulmonary irritation disappeared.

It is hardly necessary to draw attention to the frequency with which "fits" of every variety are produced by worms. As I have before observed, this is abundantly recognised so far as regards infantile life, though certainly insufficiently in reference to the adult, is remarkable that wherever convulsive seizures are mentioned in connexion with worms either by Willis or Heberden, lumbrici are alone mentioned. This can hardly spring from ignorance of the distinction between round and flat worms, -as it is undoubtedly as old as Hippocrates, -but results, I believe, from observation of the superior liability to these seizures in persons invaded by this species. Their peculiar conformation, and resistant head, are favourable for attacks upon the wall of the intestines-Von Siebold believing that they are able to force asunder its fibies; and their tendency to wander to the anus or to the pharynx is one of their characteristics. Küchenmeister observes that "if the worm be disquieted by any causes, it begins to wander about in the intestine which it inhabits, producing all kinds of disorders, which may even lead to death. According to the irritability of the individual, the number of the wanderers, the place to which they have wandered, and lastly, according to the power of the worms themselves of asserting their vital activity, so varies the danger to which these wanderers give rise." These causes of agitation are

internal and external. The former, scated in the worm itself, are, perhaps, as Kuchenmeister suggests, only to be found in the sexual actions it must not be forgotten that these are not, like tænia, hermaphrodite. The latter are in relation with the ingesta, some of which must be more or less remainant to the parasite.

The singular frequency with which lumbries are found in the bodies of those dead of tetamis has not yet obtained the attention it deserves. It is probable too, that a more thorough examination of the intestimes in such cases, would reveal their presence still more often. My friend, Mr. West, of the Queen's Hospital tells me that a young woman aged 17, was admitted into that institution, under the late Dr. Fife, in the year 1855 She was anemic in appearance, and the catamenia were irregular A peculiar "tonic convulsive condition" of the muscles of the right arm was noted on admission, which had resulted, as the stated, from a blow she had given to the thumb of the right hand while cleaning a pair of boots. She was believed at first to be suffering from hysteria, but she was seized with symptoms of trismus, and died in less than forty-eight hours. No appreciable lesion of the brain and spinal cord was discovered. All the thoracie and abdominal viscera were healthy A lumbricus was found in the

neighbourhood of the ilio-cæcal valve.

A deeply interesting case of a similar nature is reported by Mr. Johnson, of Bedford A boy, aged eight years, was brought to the Bedford Inhrmary on the 24th of July, with a lacerated wound above the right elbow caused by the wheel of a cart passing over the arm. Sloughing took place, and, on the 30th, a large sore, four inches by two and a half, was exposed The boy went on extremely well until the 8th of August, his general health improved, and the wound presented a most healthy appearance. On that day symptoms of trismus made their appearance, and he was ordered two grains of calomel three times a day On the 10th, paroxysms of opisthotones occurred every three or four hours. On the 13th the gums had become slightly affected, and the paroxysms were not quite so violent. On the 15th he passed four lumbrice five inches in length. From this time until the date of his death (August 25th, the paroxysms appeared to diminish very much in severity and frequency; but the length of time that these symptoms hallasted, viz., thirty two days, had rendered him so weak and emaciated, that he died exhausted The mucous lining of the upper part of the small intestine was found much inflamed, and in the upper part of the jejunum three masses of lumbrief were discovered, numbering thirty six. Mr. Johnson believed that there was an intimate relationship between the tetanus and the presence of the lumbrici—a belief which appears to be justly based on the facts of the case.

Last summer a boy, about fourteen years of age, was admitted into the Queen's Hospital under my care, labouring under the most violent tetanus. He had been affected by these symptoms about two dive There was an obsoure history of an injury, as usual but nothing a little out about the body to justify the statements made. A few house of or admission he did. The examination of the body was all one livery meson histor. Softening of a small portion of the dorsal and we observed but there was some ground for the suspicion that the agminer academiath occurring during the necessary night account for the all hands or arrived during the necessary night account.

It is within the limits of fur speciality in to suppose that in these case and others of this character, the tetanic phenomena were extend by the hundreds in pursons who already were in a condition taxemation to the desclopment of such phenomena, but who might have called hel the worm not been present. The case reported by

Mr. John on a generally warrants this common

Many of my own cases tell a history of fits in connexion with worms - often the most violent hystorical cross were observed. Gamma eigherta seizues were also several times observed.

I have felt much hesitation in giving a name to some of the seizures produced by worms. If "excentric clampia," would appear the litting term for some of the cases, especially those occurring in early hie and for the most part, caused by himbiter or accardes, it would seem mapplicable to many others, which rather deserve the appellation of a somme colompia, and are as immated to the well known revens lesions of Bright's discret, as before mentioned. But it is not so important to agree upon the precise nosological phrase wherewith to characterize these conditions as to thoroughly appreciate the diverse and often mixed character of these paraxysms. Intense hysteria, with the most violent jactitations, or, on the other hand, attended with an imperfectly developed cataloptic state and profound repose, sudden in an ability without convulsion, every variety of con-

vulvive a rane attended with insensibility; or tonic spastic states, without inconsciousness, may constitute the particular expression of

nervous sympathy, and yet acknowledge but one origin.

Few authors ount to place worms among the causes of chorea, although they are not named by Heberden in this relation, and Romberg gives but little countenance to the decrine. He states that the disease can scarcely be shown to be produced by mittion "Reilex initiation most frequently reades in the intestines and general organs, but under this head a more important part has been as ribed to helminthiasis than it is found to merit on closer examination." Not withist inding, this author gives one illustrative case. A boy, aged say years in whose faces the mother not unfrequently discovered traces of ascarides, ripidly recovered under the employment of calomel and jalap powders which brought away a large quantity of the oxygins verimenlaris. I arrived at the same conclusion with Romberg some time ago, from observing the infrequency of worms in the history of choice. This disorder, indeed, seems to belong to the distribution neuroses, and to acknowledge but rarely intestinal or other

irritation for its cause. The subject of the nineteenth case was suffering from chorea, and had passed pieces of flat-worm. But here there was a marked systolic bruit. In such a case the rheumatic diathesis, or, in others, an extreme nervous mobility, may be the predisposing condition while the presence of worms, or a fright, may be the immediate excitant.

Krause is quoted as having seen a case of a young man, of robust constitution, aged 31, who had been attacked for many years with paroxysms of involuntary laughter. At every accession he expenses & a malaise which was relieved only by lying down flat on his bally. None of his previous advisors had questioned the patient about worms. which he admitted having passed some years before. The administration of efficient vermifuges immediately relieved him of all his disa-Another young man mentioned by Girandy, greeable symptoms presented some very singular symptoms, one of which was that he f und it impossible to walk over any substance, however small, even a sheet of paper Livery time he endeavoured to conquer this difficulty he fell into a state of syncope Vermifuges effected the evacuation of many w rms, and a cure resulted A case is quoted from Monnich. of a child between two and three years old, previously robust, who was suddenly attacked with paralysis of the lower extremities, strabismus, and distortion of the fastures. After the administration of vermifuges he passed eighteen ascarides with a great quantity of glarry matter. and his health was re established

Kuchenmeister quotes from Seeger a valuable table of the comparative frequency of particular symptoms from a statistical table of 100 patients with tage worm, which yields a widely different result from that arrived at by Louis and in nearer, though still with important differences, that which my own experience would warrant. "Sixty-eight times there were cerebro-spinal affections and partial or general convulsions (to example epilopsy, hysteria, melancholy, hypochondrians abdomin il spasms dyspnæa, and convulsive coughing), which may even rise to manifed attacks, and mental weakness, fortymine times, nausca, even with vomiting and fainting, forty-two times, various pains in the abdomen, thirty three times disordered digestion and irregular evacuations, thirty-one times irregular appetite and voracity, nineteen times periodical, habitual headache, usually on one side seventeen times, sudden colic, sixteen times, undulatory movements in the abdomen, up to the chest, fifteen times, dizziness or delusions in the senses, and defects in the speech, and eleven times, shifting pains in various parts of the body" Kuchenmeister refuses to ascribe these symptoms to the worm, and his reason is, that even when it has been expelled they do not disappear. He also quotes half approvingly the Abyssinian belief, that tape-worm only thrives in a healt sy intestine. I have already observed that the expulsion of the taje worm may not take away the verminous malady . and that the vermicide must be held as preliminary only to a course of measures directed against the condition which maintains the exist since of the consists. Such arguments therefore, as these of Kuchen and open of head by held some nebruse.

by War of Philadelph a last liven an excellent description of the was to produced by wh vant fints that worm, and more her nighty appreciates the same is maint and fit meney of the ner sins vinitionals than ary recent all r with whim I am ac mainted He Ika M toess ly out a the a des arrived at lov M Whoruch, of Vierna and which a i too valuable to be 12 i over During a perand of to cuts years the professor included and Assenses of tape worm -a named a sufficiently rumor as to warrant positive result: I wang to his summers of the symptoms - bull pain in the forehead, golding burrong in the case dishess of the eyes which are surtone is the a dark circle colematine coulds librated pupils frequent and so was airc movements of the eyes alternate paleness and flushing if the face paleness of the hips peculiar movements of the nose and month emaciation alternate loss and excess of appetite cravings for particular articles of food, offensive breath, formal tongue, spitting and veiniting of thin mucus in the mornings itching at the nose, ann and vulva grinding of the teeth e period ; luring sleep constriction of the throat swelling of the belly curryling all outing pains, and a sense of punching about the ambilious a feeling in the morning as of a f reign be by moving in the lowely annels ration of all the -venteur under the use of farmaceous food but bread, and coffee. finally legges ion of justs and a train of nervous detangements in grotenete l'enne "Sometimes adds Dr Wood, "the nervous disturbance amounts to convulsive movements of an epsleptiform or hysternal claracter, and when these occur in a man with signs of an and minut disorder, the possible existence of the worm should be suspected "

This latter remark well deserves to be kept in recollection by the chinical student. In a case presenting the symptoms alluded to in the absence of the signs of any special brain disorder, the existence of even a few ill defined disturbances in the digestive functions should across such a only industry to the existence of worms.

I now in a nolusion place before the reader, in a summary manter the conclusions at which I have arrived, and which appear to me Fully drawn from my cases

I have in the great majority of cases of tape-worm, and though with lear frequency in cases of other intextinal worms, more or less across and peculiar nervous disturbances are apt to anse

2 That the most fit queut of these are headache giddiness, various troubles of the special somes, specially singing in these are, flashes and lark spots by the the cycs, imporfact amandous, and trembling of the limbs.

i that various ansesthetic and on the contrary, neuralgic phenomena are very frequent usually councited with general lassifude and send of muscular frableness.

- 4 That, though less frequent than those previously cited, convaluate seizures, partialing of the nature of epilepsy or acute columpsia, or sudden attacks of insensibility, mixed with syncope and, in the female sex, severe forms of hysteria, are also often directly traceable to worms
- 5 That the last symptoms (No 1) are more common in childhood, and the earlier periods of life, than afterwards, and are more frequently caused by the round and thread-worm than by the tape-worm
- 6. That chores does not appear to be often excited by the irritation of worms
- 7. That a feeble state of the general health generally accompanies the presence of worms, often, in cases of train, proceeding to marked anomia, so as even to lead to the suspicion of the possible existence of Bright's disease

S That the irritation phenomena of the digestive tube, even when associated with various symptoms referred to the functions of that tract, do not warrant the diagnosis of the presence of terms, and that their absence does not absolutely indicate the absence of the parasite

O. That the frequent appearance of the nervous symptoms above related, without a well-marked relation to any special leads of the nervous system, especially if alternating with periods of perfect or nearly perfect freedom, should engender the suspicion that worms are present. If to those symptoms are added various ill defined disturbances of the functions of assimilation, including occasional colicky pains, without marked womiting, pain after field, or decided emacation—it is in the highest degree probable that worms are the source of the symptoms, and steps should be taken to obtain assurance of their existence or the contrary

10 That it is probable that many of the sympathetic phenomena of vermination are connected, not with their direct irritation of the mucous membrane, with which they are in relation, but with a general disorder of the system partly resulting from the parasites, and partly the cause of their maintenance and development in the intestinal tract.—Dublin Quartilly Journal, Aug., 1850, p. 133.

31—Tapervira induced by enting Rive Bacon—Recent investigations have done much to elucidate the hitherto mysterious question as to how certain parasites and their way into the human organism. Respecting the comment approximent from solumn we now know for certain that its scolex, or aim ware form, is the cysticerous celluless, and that the latter abounds in pork—We know, further, as a fact in the social hittery of different nations that this kind of tapeworn is found in almost or celly proportionate frequency to the use of pork as an aitcle of dut—Wherever, as in Poland, Hungary, and our

own country the breeling of pags flourishes, there the terms selo materials, and necessists, wherever as in Iceland, there are very toy pags, there it is almost unknown. A sound physio-pathological reason may be given for the religious ordinance of circumersion among the Arwas, and here we seem to have a parallel one officied for the prohibition of the flesh of swine. It is asserted by Kuchenmeister that this worm "is almost entirely unknown among those Jews and Mohammedana who live strictly according to their religious precepts, and who are not depived of the opportunity of procuring their meat from chean but here's shops in which pork is never sold."—Med Times and Galet! May 23, 1859, p. 550.

32-HEPATITIS TREATED BY CHLOROFORM.

By Dr Kinn, Physician to the Metropolitan Dispensary.

In a case of acute liver disease, which came under the notice of I'r Kidd of the Metropolitan Dispensary, within the last month the action of chloroform exhibited internally was quite magical. The patient, a delicate female, had been suffering for some days under what was described and believed to be acute inflammation of the lover with obstruction of the gall ducts, for this antiphlogistic measures were had recourse to with little or no avail, the tenderness over the liver as of hepatitis, was excessive, still the jaundiced colour of the skin was unaltered. On seeing the patient with this history, Dr Rold, on carefully watching the nature of the pain (though in everything else it simulated the pain of inflammation of the peritoneal coverings of the liver itself) yet he detected that the pain had decided remissions. "Oh, I feel the pain coming if you touch me," the patient cried out more than once; the least touch, or examination of the part, in fact, brought it on, nor did it seem to be limited alone to the hepatic region, but to the entire of the right side below the mpple "No hepatitis here," said Dr. Kidd, "but possibly gall stones and hystorm," and so it proved to be, the patient had been twenty-four hours in but fever and constant agony Venesection. ad deliquium, caloniel, to the saturation of the system, such as would delight Mr. Ranald Marim or has school leaches and cupping, all loomed hazily in the distance, the case, in a word, was very similar to that of Mr. Augustus Stafford, who, Dr Snow in his book says, would have been rescued from death by a drachm of chloroform. The treatment on doubt, in both cases would depend on a correct diagnosis. Dr. Addison and Mr Skey are in the habit of remarking, where in inflammations of the peritoneum or elsewhere, you have very excessive tenderness on pressure take care that it is inflammation at all. The remark is a good one, and convinced by it. Dr Kidd having rubbed two grains of calomel to the patient's tongue, commenced the treatment with ten drops of chloroform internally every half hour till the

pain seemed to alter. The effect was magical; the pain subsided after three doses, allowing a free examination of the parts and free fomentations with hot flannel; the bowels, which had not been open for some time previously, were soon after acted on; the menstrual function, which had been delayed ten days beyond its time, and was beginning to cause some alarm, returned also quite naturally.

Two days subsequently when the medicine was altered the pain again returned, but yielded again to the chloroform and the application of four leeches over the site of the gall ducts. The patient

after this recovered perfectly.

The rationale of the treatment in such cases as this is to be found in the fact, that chloroform has a decided or specific action on musculur tissues and semi-muscular canals like the urethra or gall ducts. Dr. Gull, of Guy's Hospital, has also published cases of gall stones, where chloroform gave very manifest relief, and Dr. Snow, as already stated, refers to the well known case of Mr. Stafford, where chloroform unfortunately in a miserable village could not be procured, though the physician in attendance sent for some. Opium in overpowering doses having been then administered and large bleeding tried the patient was lost.—Medical Circular, July 13, 1859, p. 20.

33.—ON JAUNDICE.

By Dr. Stephen H. Ward, Physician to the Seamen's Hospital "Dreadnought," &c.

[The author, after citing cases of jaundice from different functional and structural derangements of the liver, observes]

I cannot but allude with some satisfaction to the light which morbid action is ever throwing upon healthy function. Chemists are still undecided as to the exact composition and uses of bile; but the phenomena of disease, in cases such as I have narrated, have given us nearly all the insight we possess into the real purposes of the liver. From the comparative torpor of the brain, and the effort with which it performs its functions in some cases, and the more serious cerebrai symptoms in others, where there is no secretion of bile by its usual channel, and imperfect elimination, perhaps, by the kidneys, we learn that this fluid contains materials, the separation of which from the blood is essential to health. And analyzing the cases a little more closely, we find that the evil day of cerebral implication more immediately impends where the actual secretion is arrested than in those in which the fluid has been separated from the blood, but has been prevented by obstruction in the ducts from passing off in its usual course. The ancemia, passive hemorrhages, &c., which ensue when the secretion of bile has been interfered with for any length of time, show the effect upon the blood itself. One symptom seems to result from the absence of bile, for any lengthened period, from the intestine, and that is en aciation, or, at any rate, non-renewal of adipose tissue. It confirms the views of chemists, that bile contains a soapy kind of material, which effects the solution and consequent absorption of the fatty portions of the chyme. Recent experiments would seem to show that the pancreatic juice is adequate to the solution of fatty matters; but my own observation of the consequences which ensue where the bilo is absent, leads to the conclusion stated. The constipation which attends the deficiency or absence of bile, and the darrheas consequent upon its excess, prove that the purpose of part of its ingredients is to stimulate the peristaltic action of the lowels, and promote the removal of excement. Further, the offensive character of evacuations devoid of bile points conclusively to its antiseptic properties.

In conclusion. I have one or two observations to make in reference to the treatment of panalice. There is one principle to be borne steadily in mind in all cases, whatever their cause, and that is to promote on every way the functions of those organs by which compensatory elimination of bile is effected. To carry out this principle, we must avail ourselves of warm and vapour baths, saline purgatives, and the various kinds of diuretics. In case 5, I exemplified the fatal results which followed suspension of the function of the kidneys through the action of a blister. Acting upon the experience derived from the case in question, I would advise, under similar circumstances, that recourse should be had to some other form of counter-irritation than blistering—such as strong liquor of ammonia, mustard plaster, &c. The strong blistering fluid, which produces vesication quickly.

would be less likely to be absorbed into the blood.

In jaundice from acute congestion of the liver, leeches, cupping wither with or without the scarificator.) fementations, &c., over the region of the liver, and saline purgatives to unload the engorged portal system, are the curative measures most likely to be followed by relief. When the congestion is primary, due to spirit-drinking, and such as may go on to inflammation of the adhesive character, mercury pushed to slight specific action, and followed by iodide of potassium, would appear by the cases cited, to be indicated. In cases of closure of duct, mercury can do no good; here we can only carry out the principle of elimination by other channels. In jaundice from suppression of bile consequent upon mental or moral causes, the treatment consists in cholagogue doses of mercury, saline purgatives, diuretics, warm or vapour baths, and, above all, in removal of the exciting or sustaining cause. When bile once appears in due quantity in the alvine evacuations, we must not go on pushing our remedies simply because the skin continues paindiced; for, as Dr. Budd, who lays great stress upon this point of practice, observes, some time must elapse before the skin can regain its normal colour.

Threatenings of cerebral implication are to be met by drastic purging, counter-irritation to the nape of the neck and calves of the legs, and free action on the kidneys; and, as we have seen, may frequently

be met successfully.—Lancet, July 16, 1859, p. 54.

34—CASE OF AN.EMIA LYMPHATICA A NEW DISFASE CHARACTERIZI D BY ENLARGEMENT OF THE LYMPHATIC GLANDS AND SPLEEN

(Under the care of Dr PAVY, Guy's Hospital)

Much interest was excited amongst the profession by the announcement of Dr Wilks, at one of the meetings of the Pathological Society during the past session that the morbid specimens which he exhibited were taken from a patient in Guy's Hospital, whose disease was new, The essential features of the disease are the and hitherto unnamed most extreme pallor of anemia, enlargement of one or more of the various groups of lymphatic glands either internal or external to the boly, and a peculiar morbid condition with occasional enlargement, of the spleen, the last depending upon the deposition of an opaque white lardaceous material, in isolated masses or diffused throughout the substance of the organ, and resembling bacon and The malady is so striking, and yet so peculiar, that when carefully studied it is almost impossible to mistake its identity Six cases are detailed in the second volume (third series of Guy's Hospital Reports, in a paper by Dr Wilks, "On Cases of Lardaceous Disease and some Allied Affections" All of them proved fatal as well as those which have since come under our notice. The peculiarities noticeable in these cases were as follows -

Case 40 —Enlargement of the lumbar and posterior mediastinal lymphatic glands forming a chain of tumours along the whole length of the spine upon each side of the aorta, spleen enlarged, opaque white

deposits through it age 24

case 11 — Lumbar glands much enlarged, and accompanying the acuta along the spine to the pelvis mesenteric and bronchial glands enlarged, spleen large with a number of evoid white bodies, age 9 years.

User 42—Curvial, mediastinal, bronchial, and lumber glands enlarged, sphen four times larger than natural, three fourths of it

resembling opaque white tallow, age 10 years

vessels in the chest and abdomen, enlarged, spleen had a few white tulercles age 16 years

(186 41—Great culargement of the absorbent glands of the neck, axilia, and groin, splein enlarged, and an infinite number of small,

white opaque deposits age 50

Case 45— Dr Mulhan, 4th vol Transactions of the Pathological Secrety)—I plangement of anterior and posterior mediastinal glands, energing the arch of the rorta, spleen enlarged, with small yellow masses throughout age 3)

Some other instances might be added to these but it will be sufficient to append the following, shown to the Pathological Society in the course of its last session —

3

"Enlargen ent of the curvical, mediastical, and limiter plands, the spleen much cularged, with white deposits throughout age 22"

The enlargement of the lymphatic glands which thus seems the peculiar feature of this malady is remarkable for the lingering form of fatal cacheva which it produces. The extreme pallor of the patient—as we have witnessed at this hospital—at once attracts the attention of the observer.

In relation to the six cases we have briefly noticed Dr Wilks observes, in regard to the symptoms during life and the appearances after death—"Then uniformity is too con iderable to constitute merely a coincidence of disease between the glands and the spleen and therefore there is without doubt a peculiar form of affection involving these or in accompanied by an annual cacheaus, prestration and death. I say a peculiar affection for though allied to the tubercular I believe it to be one not jet recognized under the ordinary forms of disease."

This affection has been mustaken for scrofula, especially where the glands in the neck of weakly children have commenced to enlarge. It occurs to persons of all ages. It may gra hally extend over a period of two or more years, when the thoracic and abdominal glands become

involved, and slow prostration precedes death

The intimate structure of the enlarged glands is a fibro nucleated tissue, and this is not to be distinguished from or linary fibro plastic growth Dr Holgkin described a case of this kind in the seventeenth volume of the Medico-Characterist It insactions, in which he refers to its connexion with a peculiar affection of the spleen but he affixed no name to it Dr Wilks correctly styles it anomia lymphotica, which is a very distinctive appellation, the anæmia being the most important result, and tending to the fatal issue. Moreover, it is a simple and good name for it, as he thinks it indicates the most important condition of the malady, and the one often only recognizable when the enlargement of the glands is entirely within. There is no excess of white corpuscles in this disease similar to that observed in the leucocythornia splenica of Bennett but rather a deficiency of the red, as was observed in the following case, for the notes of which we are indebted to Mr Hugh Bennett, chinical clerk to the hospital. In this instance, the duration of the disease was three years and a half and the extreme whiteness of the skin resembled the anæmia of females who have lost much blood. The anzemic bruit was also present

William B aged 27 years, was admitted, on June the 8th last, into Job ward. He was a single man by occupation a gunmaker, and residing in Fleet street, states that his health had been good up to three years and a half ago, excepting having had an attack of inflammation of the bowels fifteen years since, and three attacks of genorrheea four years ago, he had a chancre on penis, no sole throat, no bubo, nor eruption, six months afterwards had enlarged glands in the left

groin, which have increased in size ever since; he was never of dissipated habits, and always kept good hours. His parents and brothers are healthy; no history of scrofula in the family. Three years and a half ago, he noticed a small lump in the left groin, accompanied with a slight pain. It was the pain, and not the lump which chiefly attracted his attention. The pain he described as dull and aching, descending the left thigh as low down as the knee, the thigh being at the same time slightly swollen, and also ascending obliquely backwards towards the small of his back. Twelve menths ago he was an inmate of St. George's Hospital, under the care of Mr. Hawkins, who treated him with iodide of potassium and cod-liver oil internally, and tincture of iodine locally. He was presented by Mr. Hawkins, at the experation of eight months, slightly relieved. He resumed his original occupation, and followed it for a short time, until he became so weak that he was compelled to give it up.

The patient is a man of middle stature, light complexion, grey eyes, and light hair; presenting all the appearances of having lost an abundance of blood-suffice it to say, however, that he has not lost any: skin of his body generally extremely white, hot, and pungent; conjunctive watery. Chest well formed, mobile during respiration, and resonant on percussion; equally resonant posteriorly. Lungs healthy. On listening to the sounds of the heart, there could be heard indistinctly a systolic bruit in the course of the aorta, ("anæmic bruit diagnosed.") He never had rheumatism or pain in his limbs. woice is strong and clear; tongue moist and clean; has evidently an enlarged spleen, bulging out of the left hypochondriac region; it can be distinctly felt through the abdominal walls; has enlarged glands in the left grown, about the size of a goose's egg; no other glands perceptibly enlarged; has general anasarca; skin pits on pressure in every part of the body and extremities; urine healthy, specific gravity 1017; bowels ofen; motion, of a clay colour. "pale."

Mr. Stocker, the apothecary, saw the patient on the 8th of June, and ordered the following medicine: two grains of iodide of potassium,

in an ounce of julep of ammonia three times a day.

June 9th. He had a good night. His blood was examined microscopically this morning and was found to contain an excess of white corpuscles, "comparatively speaking;" but, in reality, there seemed to be a deficiency of the red corpuscles, rather than an excess of the white.

11th. Dr. Pavy prescribed five grains of the citrate of iron, with

quinine, thrice a day.

18th Has a severe headache this morning, and a troublesome cough as coming on, without any expectoration. To have five grains of extract of commin night and morning; also, five ounces of wine daily.

16th. Feels better since he has had the wine; cough much about the same. Ordered lactate of iron, five grains; iodide of potassium, two grains; syrup of poppies, half a drachm; water, an ounce, three times a day.

18th. Expresses himself as being better; lower extremities still very

œdematous; coughs a good deal at night.

July 4th. Thirst excessive; appetite lost; expectoration more abundant, of a bluish grey, slightly frothy character, and strongly adherent to the bottom of the utensil.

8th. The patient evidently seems much worse; hes prostrate in bed; is not able to sit up for five minutes together; month and tongue very dry, the latter being brown in the centre, and white along the margin.

9th. Had a very restless night; respiration became hurried; pulse quick and feeble; eyes turned upwards; mouth wide open, and dry Ordered, eight ounces of wine; ammonia and serpentaria.

10th. Unconscious; hes on his back, with his head thrown back-

wards; pulse rapid, and extremely feeble.

11th. Expired at six, a.m. Died quietly.

Post-mortem examination thirty-three hours afterwards.—On opening the thoracic cavity, it was found to contain a larger quantity of fluid than is usually met with in health, and an excess of fluid was also found in the pericardium. Lungs free from adhesions; patches of softening were here and there found on cutting into them. Liver, kidneys, and heart, healthy; the latter contained no clot, except a very small one in the left ventricle; blood being remarkably thin, like port wine and water mixed. Spleen enlarged; weighed twenty-four ounces and a half; full of white tubercles. Lumbar glands greatly enlarged; inguinal glands also enlarged.—Lancet, August 27, 1859, p. 213.

DISEASES OF THE URINARY ORGANS,

35.—ON EXCESS OR DEFICIENCY OF UREA IN THE URINE.

By Dr. Lionel Beale, F.R.S., Physician to King's College Hospital.

[When a specimen of urine is said to contain excess of urea, it is understood that on adding an equal bulk of nitric acid to it, when unconcentrated, a nitrate of urea forms, and crystallizes just as if the urine had been concentrated by evaporation.]

This result may be brought about in several ways. In cases in which but a small quantity of fluid is taken in proportion to the urea to be removed—when an unusually large amount of water escapes by the skin and other emunctories—and in cases in which an unusual amount of urea is formed in the organism, we shall frequently find excess of urea.

There is another class of cases in which the urine often contains this excess of urea; and it is difficult to offer a satisfactory explanation of the excess. The patient is weak, and grows thin, in spite or taking a considerable quantity of the most nutritious food. He feels languid, and indisposed to take active exercise. In some cases, digestion is impaired; in others, the patient eats well, experiences no pain or uneasiness after food, and perhaps has a good appetite. Sometimes there is lumbar pain. It would seem that much of the albuimmous substances in the blood, instead of being applied to the nutrition of the tissues, becomes too rapidly converted into urea, and is The waste of the tissues is not properly repaired, and the patient gets very thin. To refer these symptoms to the existence of a particular duathesis, appears to me no explanation of the nature of The pathology of these remarkable cases has not yet been satisfactorily investigated. Mineral acids, rest, shower-baths, and good air, often do good; but some of these patients are not in the least benefited by remedies, and they continue for years very thin, passing large quantities of highly concentrated urine, while the appetite remains good, and they digest a considerable quantity of nitrogenous foods. I am now trying, in one of these cases, which has resisted the usual plans of treatment, the effect of pepsine, with diminished quantity of meat, and a larger amount of farinaceous food. The condition often lasts for some years, and then the patient's health improves, and he gets quite well.

Dr. Golding Bird has drawn attention to the frequency of the occurrence of excess of urea with oxalate of line. The quantity of oxalate of line, however, is mall cases so very small that it is hardly possible to believe that the formation of this substance can be very important. We shall see that oxalate is one of the commonest urinary deposits; that it results from decomposition; that there is no reason for believing it to be indicative of any peculiar diathesis or habit of body. Excess of urea affords no explanation of the presence of oxalate of lime, nor this latter of unea. Each condition may exist without the other. Ceteris puribus, we should expect to find oxalate of lime most frequently present in specimens of highly concentrated

urine.

Excess of urea is frequently found in the urine of persons suffering from acute febrile attacks. It is very common in cases of acute rheumatism, and is often met with in pneumonia and acute febrile conditions generally. In England, we meet with many of these cases; but, on the continent, they appear to be so rare that many authorities seem to doubt the truth of what English observers have stated with regard to this point. Lehmann I think, states that he had not seen a case in which crystals of nitrate of urea were thrown down upon the addition of natice acid, without previous concentration.

The amount of ures excreted is often very great. Vogel mentions a case of premia in which 1235 grains of uses were removed in the

course of twenty-four hours. Dr. Parkes obtained as much as 885 grains in a case of typhoid fever. These quantities are very great, if the patients were of the average weight of adult men; but, unfortunately, their weight was not recorded.

I rine containing excess of urea is generally perfectly clear, of rather a dark yellow colour, and of a strong urinous smell. Its specific gravity is about 1030, and it contains generally 50 or 60 grains, or none, of solid matter per 1030. At ordinary temperatures, an aqueous solution must contain at least 60 grains of urea per 1000, to form crystals of the nitrate upon the addition of nitric acid without previous evaporation; 50 grains of urea per 1000 hardly gave the slightest precipitate after the lapse of a considerable time. It would seem that the salts, extractive matters, &c., in arme, cause the crystallisation of the nitrate when even a smaller quantity of urea is present. It should be mentioned, that the above experiments were performed in the summer, in very hot weather. In one case, in which the urea readily crystallised on the addition of intre acid, the urine had a specific gravity of 1028, and contained—

Analysis.

Water				 	 940:18
Solid Matter	***	• • •	•••	 	 59.82
Organic Matte	r		***.	 	 50.57
Fixed Salts		***	***	 	 9.25

Much has already been said with regard to the circumstances which cause a diminished quantity of urea in health. I may remark here, that Dr. E. Smith holds that tea and coffee excite respiration and increase the quantity of carbonic acid; that tea increases waste, and excites every function in the body; and that it is, therefore, injurious to those who are not well fed. These conclusions are at variance with the results of the laborious investigations of Dr. Böcker, who found that tea caused a diminution in the quantity of perspiration, urea, and the feces. He states that it does not influence the amount of carbonic acid formed, nor the frequency of the pulse or respiration; and that, when the diet was insufficient, tea prevented the loss of weight being so great as it would have been otherwise.

In chronic disease of the kidney, the unne is of very low specific gravity, and but a very small proportion of urea is exercted in the twenty-four hours. This arises from the alteration in the glangering turns and the amount of urea separated may be regarded as a rough indication of the extent of the organ involved. In some cases, the morbid condition affects the whole structure; but in others the greater part of the kidney remains healthy. In the latter case, a fair amount of urea will be excreted; and, although the urine contains altourien, the case may be looked upon as a hopeful one.—Bratish Mad. Journal, Oct. 8, 1839, p. 809.

36.—CASES OF DIABETES.

By Dr. John M. Camplin, F.L.S.

Before perusing the following cases, it would be better to refer to Dr. Camplin's description of the bran bread which he recommends. vol. xxxv., p. 425. Case 1.—August 1858. Mrs. —, aged 44. the mother of several children, rather a large woman, supposes that her complaint has been brought on by anxiety-sweats profusely; much Sp. gr. of urine 1.040, liq. potassæ turning the sample debility. to a claret colour. Almost eight pints were passed in twenty-four hours.

When I first saw her, the diabetic symptoms were rather aggra-. vated than otherwise, the liq. potassæ rendering the urine extremely dark.

I prescribed

R. Acid. sulph. dilut. Ziij.; liq. gent. compos. Ziiss. M. cap.

coch, parv, ter die ex aquæ cyatho.

B. Aloes. barb. ext. Saponis aā xxiv.; pulv. ipecac. gr. iv.; ext. nucis vom. gr. iij. M. et div. in pil. xij. cap. j. vel plures h. s. ut opus f.; and enjoined a diet, of bran, cake, meat, and a free use of vegetables.

Aug. 31. Urine diminished to four pints, and now only brown, with

liq. potass.; thirst nearly gone, and in every respect better.

Sept. 15. The sample of urine sent up for inspection contained scarcely a trace of sugar; the sp. gr. 1.015 (quantity not mentioned;) and it was difficult to believe that it could be from the same person.

Nov. 1. I received a note, stating that she had quite recovered; and on April 19 of this year her husband writes: "I am happy to say that Mrs. - is now quite well; she has resumed her usual diet long since."

Case 2.—Dec. 1856. —, Esq., upwards of 70, attributes his attack to late hours in Parliament, which had been "too much for

hun at his advanced time of life."

The general health of this patient was not so much lowered as might have been expected, the disease having existed for some months; but his son (an emment surgeon) considered him now fast declining; he complained much of weakness of the limbs, and had a little puffiness on the tibia; had taken gallic acid and other remedies by the advice of his medical attendant in the country, and had also been put on a partially restricted diet; the quantity of urine was now about 80 oz., the sp. gr. not much above 1 030, but it contained a considerable quantity of sugar.

I prescribed

B. Ammon. sesquicarb. Dij.; infus. aur. co. Zviii.; m.f. cap. coch. ij. ter die; and directed a more rigid diet, with a little brandy and water instead of wine.

This prescription was occasionally varied, with ammonia as the

general basis, and ha took from time to time, small doses of pd. bydr. and pulv. ipecac. compos. and gradually recovered.

Ang. 5, 1857. He writes, "I am glad to be able to say that for some months past I have been in excellent health, and my friends tell me I look as well as I ever did."

July 21, 1858. I had a note from his son, who says: "He has latterly been well in health, and when I last examined the urine, no sugar could be detected, but there was a large amount of lithates. He has pretty much as usual, temperately always as regards alcoholic liquors, but does not eat much bread—the bran cake his servants managed very well, and he takes it occasionally: he has lately suffered the operation of reclination on a cataract in his right eye, and the result I am thankful to say seems likely to be satisfactory."

On a recent occasion, when I accidentally met this gentleman. I had the satisfaction of hearing that my patient, though in 78th year and feeble, had not required any restriction in diet for eighteen months or more.

Case 3.—The Rev. Mr. —, nearly 61. Sept. 1857.—The history of this case written by himself is exceedingly graphic; and only the fear of occupying too much of your valuable space prevents me from transcribing it at length. The disease had been slowly undermining his system several months, and having been in the habit for some years of resorting to a hydropathic establishment when out of health, he had recourse to that in the first instance. Contrary to what had been usual with him, instead of recovering strength, he continued to get weaker, and the nature of his disease not being ascertained, the proprietor considered him nervous, and recommended him to go to the seaside. After remaining there for some weeks, still losing ground, he came to consult an emment physician in town, who discovered the nature of his case, prescribed for him, and put him on a partially restricted diet. When he placed himself under my care, he was somewhat better, but highly nervous and dyspeptic, the urine still abnormal in quantity, and containing sugar. I advised that the diet should be still further restricted—that he should have weak brandy and water instead of claret. Substituted ext. humuli at night for the opiate, as he was too wakeful to do without anything, and prescribed the following mixture:

R. Magnes. carbon. Div.; pulv. acaciæ 3ij ; sp. ammon. arom. 3ij.; infus. gent. compos. ad 3viii. m. f. mist.

I find this prescription occasionally varied, as Dec. 16.

B. Potass, bicarbon. Jiji. Dj.; magnes. carbon. Div.; pulv. acacime Jij; tinct. hyoscy. Ji.; infus. calumbæ, ad Jviii. m. f. mist cap. coch ji. ter die.

At one time small doses of tinct nucis vom were ordered to the alkaline mixture, but soon laid aside again; he gradually recovered and resumed his clerical duties, which he had long been incapable of performing.

June, 1858. He writes: —"I am now gradually returning to ordinary diet. I substitute brown bread for the bran cake. I have now

more fear of lithic acid, than of sugar."

March 23, 1859. "I have no return of diabetes, and am decidedly stouter, and more vigorous. Now take three glasses of port-wine daily, two at dinner, one mulled at night, or at 8 o'clock in the evening; brown bread and greens, meat three times a-day, but not nuch."

Case 4.—Angust, 1858. — Esq., banker, aged upwards of 60, consulted Dr. Babington, who prescribed for him, and kindly recommended him to me for instructions as to diet. Dr. Babington's prescription was five grains of ammon. sesq. in infus. gent. c. three times arday. Writing to me shortly after, this patient says:—"It is quite astonishing how little water I part with in comparison—it was immediate when I paid strict attention to diet."

I had not heard of this gentleman for many months—in answer to an inquiry as to his state, he writes, (April 23, 1859:)—"I do not make more than one quart per day; sometimes there is a little red

sediment at the bottom. I sleep well, and eat well."

The above are specimens of a few cases, in which a return to the ordinary diet has been practicable: in the majority the disposition to the formation of sugar has appeared too strong to render this advisable: and I have thought it better for the patient to be satisfied with comparative health and comfort, with the diabetic diet, than to run the risk of a relapse, particularly where, from the distance and other circumstances, I could not examine the urine from time to time.

The remedies prescribed in the above cases were in the first acid, in the others alkaline, in each the indications seemed obvious, and the result was most satisfactory. In cases now under my care (especially five or six from 30 to 35 years of ago,) I am testing the value of various remedies, and hope by classifying them, as much as practicable, to obtain definite results.—Med. Times and Gazette, May 28, 1859, p. 547.

37.—CHRONIC DIURESIS IN A MAN AGED FORTY; EMPLOYMENT OF BELLADONNA.

(Under the care of Dr. Williame, Charing Cross Hospital.)

When a patient cames under the notice of the physician with a dry skin, great thirst, and extreme dimesis, a suspicion is entertained that the inaliady may be diabetes, and an examination of the urine is instituted to clear up the matter. If the specific gravity ranges from 1035 to 1045, the probability is that a large quantity of sugar is present, which will be determined in the usual manner. If, again, the specific gravity is very low, say 1002 or 1005, it may turn out to be an instance of what was formerly called diabetes insipidus, and

now commonly know as chronic dimeric, (the hydruma of Willis, and polyuma of Elliottson). Not a trace of sugar is present in the urine in this affection, although it has been most rigorously searched for in the case which we now place upon record, wherein several gallons of urine were evaporated to a small bulk for the purpose of such inquiry. The similarity between diabetes and chronic diuresis in the large quantity of urine passed, and the presence of thirst and dry skin, renders an examination of that fluid necessary to diagnose between the two

As regards the immediate locality involved in chronic digresis, the views of Bowman, Golding Bird, and others, would seem to place it in the Malpighian corpuscles, which thus secrete this large quantity of urine; and supposing there is no organic disease of the kidney itself, and that it is merely an exaggerated functional activity, and is allowed to go on, sooner or later organic muschief is sure to follow. It becomes incumbent, therefore, to arrest this morbid process, which, in its reflex or reactional effect on the system, (as evidenced by the constitutional symptoms of fever, thirst, general irritation, &c.,) will become of serious import to the patient. The little information we possess of the disease, and the feeble hold we have upon it by treatment, render it one of peculiar interest. In the case related by Dr. Watson, in his "Lectures on the Practice of Physic," the duration of the disease was three years, and after death, tubercles were found in the brain and lungs of the putient (a boy). It may last for a much longer period, however, as in the case quoted by Willis, of a man of fifty-five in the Hôtel Dieu at Paris, who had been affected with it since the age of five years, and who had consumed daily since he was sixteen two bucketfuls of water, and discharged a commensurate quantity of urine. Like diabetes, diuresis is apt to end in phthisis; but it is a noteworthy fact that sometimes it is followed by the former affection or mellituria.

A somewhat similar case to the subjoined was under Dr. Willshire's care in the same hospital about two years ago.

C. S—, aged forty, a hawker, was admitted on the 7th of June. He was in good health up to the 12th of May last, when he caught cold, and suffered thirst so that he drank from four pints to a gallon of water daily, besides beer and tea. He soon began to void from ten to twelve pints of urine in the twenty-four hours; and although his thirst was great, his appetite was bad. He was unable to sleep at night, being obliged to rise half a dozen times to micturate. When admitted, he passed lifteen pints of urine per diem, of a very palestraw colour, quite clear, specific gravity 1002, and free from sugar by the ordinary tests. From that time to the 27th June, the treatment consisted of warm baths, Dover's powder, opium, tincture of the sesquichloride of iron, and quinne. By this, the urine was reduced to seven pints daily, with the specific gravity varying from 1001 to

sixth of a grain of extract of belladonna, with two grains of quinine, three times a day. He now passed, in the twenty-four hours, six

pints and a half of urme, of specific gravity 1006.

From the 30th June to the 7th of July, the belladonna and quinine were continued, the former being gradually increased until some symptoms of atropism made their appearance, when the dose was diminished. He now passed eight pints of urme during the day, of specific gravity 1002. He stated, however, that he felt much better; his mouth was not so dry, and he was not so thirsty. His bowels always remained costive. He went out on the 14th ultime, when the specific gravity of his urine was 1006.

During the time of his stay in the hospital, the weather being very warm, he was ordered to walk in the sun to induce perspiration. The reason for giving belladonna was, that as it is one of the best remedies for allaying the irritability of the lower urmary organs, it might have some influence on the higher organs,—namely, the kidneys themselves. While the patient was in hospital, six gallons of his urine were collected for analysis by Mr. R. V. Tuson, the teacher of chemistry, who had some idea that a minute quantity of sugar might perhaps exist in such cases as the present. This quantity was evaporated down to a very small bulk, filtered, and most carefully and repeatedly tested for sugar, both before and after boiling, with dilute sulphuric acid, but no indication of the presence of saccharine matter was obtained. Another portion of fresh urine was allowed to stand in a warm place, in order that torulæ might become developed if any sugar was present, but none were observed.—Lancet, Sept. 3, 1859, p. 237.

38.—On the Employment of Tunnin in large doses in Albuminous Anasarca. By Dr. P. Garrie.—Although the internal use of tannic acid is still very limited in France, its employment in large doses has been much recommended lately in other countries, and has been extended to numerous cases which, while proving its innoxious character, appear to exhibit it as possessing some totally new properties. It has been shown to be useful in all cases where it is required to arrest hemorrhages, to give tone to the organism, or to remedy morbid secretions. It has been employed, for example, with great benefit in albuminuria diabetes, and serous infiltrations.

From these considerations, Dr. Garnier has been induced to employ tannic acid in the albuminous anasarca consecutive to scarlatina; and he adduces several cases illustrative of this mode of treatment, drawn from his own experience and from cases recorded by other physicians. The cases all prove that in the general serous infiltration of the tissues complicated with albuminous urine, there is a rapid and simultaneous disappearance of these two morbid phenomena under the influence of tannin alone, administered in a large dose. The conclusions drawn by Dr. Garnier are that tannin, employed in doses of two to

hear grammes a day (7,55 to 7), curses anasarea or colema developed passively and occurring simultaneously with albuminous urme; that it's curative action is manifested by abandant urine, gradually resumed its physiological characters, by perspiration, easy alvine evacuations, return of appetite, &c.; that there signs appear from the eccent day of the administration of the tanin; that given in solution in does of twenty to fifty centigrammes at a time, tanine causes no unfavourable symptoms affecting the digestive passages; and lastly, that the action of tannin appears to be exerted primarily upon the fluids of the economy, the albuminous principles of which it coagulates and renders passag, and that its consecutive action on the solids appears to be tone and astringent.—Brit. and For. Med.-Ckir. Review, Ind., 1859, p. 241.

39.—ON MORBUS ADDISONII.

By Dr. Samuel Wilks, Assistant Physician to Guy's Hospital.

After detailing the last example of this interesting affection, which has occurred at Guy's Hospital, speaking of the scepticism which has prevailed as to the conclusions arrived at by Dr. Addison, as to the fatality and etiology of the disease, Dr. Wilks remarks:

It has been said that supra-renal disease has been discovered independently of any alteration in the colour of the skin, also that a pigmental discoloration may constantly occur without any morbid affections of these organs; moreover, that they may be found diseased when the patient has died of some acute malady; and even a fourth argument is added, that they may be removed from the lower animals

with impunity.

Before considering these objections let us for a moment look at the original statements put forth by the author. And first of all remember, that the discoloration of the skin, although a striking feature of the complaint, was not the main one insisted on by him; but since it as that which can be pourtrayed in a drawing, and consequently apt to strike the eye on turning over the pages of the monograph, it is not surprising that it was at once regarded as the most remarkable part of the complaint, and would therefore be especially dwelt upon in our ordinary mode of communicating facts to one another, until at last the erroneous opinion would be reached that Addison's disease and discoloration of the skin were interchangeable terms. Now, it is stated by the author himself that he was led to the discovery by a very different method than by studying the changes in the skin; that it was owing to a peculiar interest which he took in the class of cases styled scaple and fatal amenia that this allied affection came under notice, and that it was whilst watching such cases the fact of discoloration was also observed, and subsequently on post-mortem examination its connexion with disease of the supra-renal capsules. The extreme

prostration of all muscular power was the most remarkable circumstance attending these cases, and indeed in some forms of supra-renal affection no discoloration had occurred at all. This was the case m the instance of a man who died in the hospital about two years ago, in whom there was no discoloration of the skin, the only symptom being the most after prostration of strength, and yet after death these organs were found completely diseased. The most prominent symptoms, then, of the affection are due to this asthenic condition, denoted by the loss of muscular power, weakness of pulse, breathlessness upon exertion, dinmess of sight, weakness of stomach, &c. ; and if the case has been of long duration, in addition to these, a discoloration of the skin. sufficient number of cases have now been observed to prove that the change in the skip depends on the chronicity of the disease. This is Dr. Addison's opinion, and the fact has been verified by Mr. Hutchinson, who has taken the trouble to collect all the cases recorded; and therefore it may be said that in the acute form of the disease no discoloration of the skin may be expected, but merely symptoms due to asthema.

As regards the character of the colour when it occurs, the observation of several instances since the publication of the original memoir has shown that very great similarity has existed in all of them, both as regards the hue itself and its method of affecting the body by a uniform implication of the whole surface. It is true that a case is represented where the body is covered with patches of colour, checkered with white; but here no post-morten examination took place to verify the diagnosis, and thus the fact is left as we state, that in the first-related cases, as well as in all subsequent ones, there has existed a uniform discoloration of the whole integument. So remarkable has this been, that the body has presented the appearance of a person with dark blood rather than that of a European, and therefore the answer which Dr. Addison continually makes to interrogatories respecting the peculiarity of the discoloration is, that he regards only those cases as characteristic where the surface of the body is seen to be gradually approaching in colour that of an inhabitant of some southern nation. The similarity is proved by examination of the integument itself, which, if placed beneath the microscope, is seen to contain a layer of pigment in the rete nincosum just as in the dark races of mankind; so that no difference, as the as we are aware, can be found between them. Moreover, as in the latter, certain parts, as the axilla and pubes, are darker than the rest of the body, so in this morbid discoloration these same parts are those most affected. Without, theretore, denying that the colour may sometimes occur in patches, we think we are correct in saying that all experience has latherto shown that the disciloration has been uniform over the whole surface of The exact hue is defined to describe, but it may be the body said to resemble that of a mulatto's skin, and therefore is of a brownish cast, having sometimes an olive green truge, and thus the term bronzing of the skin has come into use, or it has often what our artist calls a walnut-juice shade. To say, however, in short, that the appearance produced is exactly that of a person of dark blood, is to speak as accurately as description will allow. The anatomical characters are probably not very peculiar, and resemble those of many other pigmental changes, arising from various causes, since the true seat of colouring matter is in the cells of the rete mucosum; this is its position in dark races, and also when produced by morbid conditions. An examination of a portion of skin, therefore, would not determine the nature of the case; although, if the colour should be universal, there would be a strong suspicion of supra-renal disease. It is well, however, to remember that the pigment is situated beneath the epidermis, and thus is distinguishable from pityriasis, and many other conditions with which Addison's disease has been confounded. It would seem scarcely needful to say that it is impossible to confound it with jaundice, had the mistake not been often made; indeed, in nearly all instances of the affection which have come before us, an hepatic disease has been the diagnosis; but a moment's observation would be sufficient to show that no bile is circulating through the body—the urine contains none, nor is the conjunctiva yellow, which is the first part affected in jaundice, but here, on the contrary, is remarkably pale and anæmic. It is true, however, that in jaundice the yellowness of the skin is due to a deposition of biliary pigment in the rete mucosum. A remarkable circumstance observed by Mr. Hutchinson in connexion with the discoloration is that in some instances the surface of the body has evolved a peculiar odour, resembling that perceived in dark races of mankind.

The symptoms, then, of Addison's disease are characterised by those of asthenia, and in chronic cases by discoloration of the skin. And now as regards the post-mortem appearances. These may be exclusively confined to the supra-renal capsules, and the disease affecting them is of a remarkably uniform character, differing merely according to the stage of the affection. The disease, without doubt, is closely allied to tubercle, since in several instances tubercles have been met with in the lungs and other parts of the body, or a scrofulous material in some lymphatic glands, closely resembling the deposit in the supra-renal bodies. When the disease is acute the organ is somewhat enlarged, and changed into a material which is semi-translucent, of a gray colour, softish, homogeneous, without structure, or sometimes slightly fibrillated, or contains a few abortive nuclei or cells. This lardaceous material is the first deposited, and resembles what is often seen in the early stage of scrofulous enlargement of lymphatic glands. Subsequently it undergoes a decay or degeneration, as in them, and changes into an opaque, yellowish substance, and thus the two materials are constantly found associated. At a still later period, as in a scrofulous gland, it may soften into a putty-like matter, or it may dry up, leaving the mineral part as a

chalky deposit, scattered through the organs. These, then, are the changes—first, the deposition of a translucent, softish, homogeneous substance; subsequently, the degeneration of this into a yellowishwhite, opaque matter; and afterwards a softening or drying up into a chalky mass. It is clear, therefore, that as the discoloration of the skin occurs only in very chronic cases, that it must have been found always associated with these later stages of the supra-renal disease. and that when the skin has been not altered in colour, the earlier conditions have been met with; and this has been the case also in those instances where associated with general tuberculosis. Occasionally, also, some fibrous tissue may be found around the organ, being the products of an inflammation which has united them to the kidney, liver, and adjacent parts. It is not sufficiently remembered that some years are necessary for the changes to occur in the deposit of which we have spoken; and therefore, if chalky substance be found. there can be no doubt that the disease has existed for a considerable This corresponds with our knowledge of the duration of the symptoms in some of the best-marked cases which have come before us, and should compel us to keep under notice suspected instances of the disease for several years.

Now, to consider the objections which have been raised as to the correctness of these observations. It has been said, in the first place, that animals have survived long after removal of the supra-renal bodies; now, should this be so (although further experiments are required to corroborate the statement,) it would not militate against the fact that disease of these organs will sooner or later, lead to a fatal result, since similar arguments might be used with reference to other organs which can be removed with impunity, and yet, when subject to morbid conditions, lead to fatal consequences. For example, the spleen is said to be capable of removal without injury to the animal, and this can be well believed, seeing how extremely atrophied it often becomes in old people; and yet we know, at the same time, that when hypertrophied it is sufficient to kill. Moreover, as just now remarked, it does not seem sufficiently remembered that the disease of these organs is naturally slow, and that in all probability they are almost totally disorganised before death takes place; that, owing to some unknown cause whereby their function may be otherwise performed, or be for a time in abeyance, the patient may probably live for years, and then at last die suddenly, in a somewhat analogous way as degeneration of the kidneys may persist for many years, although the patient is always on the brink of a precipice, and ready on any day to die off unexpectedly; but in such a case the importance of the disease might be doubted if the patient had died from other cause, and the renal affection been met with accidently.

As regards the objection that the discoloration offers no anatomical peculiarity, since the pigment is merely deposited in its usual position, it may be answered that this is true with respect to this one fact, but

not true as to the mode in which the body is affected, since we are not aware that at present any case has been brought forward where the whole cutaneous surface has been discoloured so as to resemble the mulatto in the manner mentioned other than that of supra-renal discase. Partial discolorations, as in ephelis, are common enough.

With respect to a third objection, that disease of these bodies may exist without discoloration, this has already been explained as a point admitted when the disease is acute.

Then as regards the accidental discovery of supra-renal disease in the body after death, when not suspected; this, we think, has no greater importance than the discovery of di ease of other organs when not anticipated. If found alone it would be sufficient to indicate the mortal nature of the malady, and if associated with disease of other organs it would be difficult to say to which to attribute the symptoms; thus, a general tuberculosis, involving a large number of important parts of the body, may include the supra-renal organs as well, and in such a case there may have been no distinctive marks of the existence of their morbid condition during life, but then the same may be said with respect to all the other organs affected. Again, even should an acute disease carry off the patient, and disease of these organs be found. still (in our present limited knowledge of the subject) it cannot be said that the one affection did not predispose to the other, since in one of Dr. Addison's best-marked cases the patient died of an acute pericarditis.

All these objections which have been raised we consider to be of little value compared with the great facts which remain—that at the present time several cases are recorded where persons have died with no other apparent disease in their body than that of the supra-renal bodies, sometimes associated with discoleration of the skin and sometimes without; facts which show incontrovertibly that their disease is connected directly or indirectly with the death of the patient. Moreover, we cannot bring our mind to conceive how, when in several of such cases a right explanation has been given as to the cause of the symptoms during months or years prior to the patient's disease, this diagnosis was due to a fortunate guess rather than to a rigid scientific deduction.

For the satisfaction of those of our readers who have not had an opportunity of perusing the original monograph, we extract the following important passages from Dr. Addison's work:

"For a long period I have from time to time met with a very remarkable form of general anamia, occurring without any discoverable cause whatever; cases in which there had been no previous loss of blood, no exhausting distributed, no chlorosis, no purpura, no renal, sphenic miasmata, glandular, strumous, or malignant disease. Accordingly, in speaking of this form of anamia in clinical lecture, I, perhaps with little propurety, applied to it the term indiopathic, to dis-

tinguish it from cases in which there existed more or less evidence of some of the usual causes or concomitants of the anaemic state."

"It was whilst seeking in vain to throw some additional light upon this form of anæmia, that I stumbled upon the curious facts which it is my more immediate object now to make known to the profession."

"The leading and characteristic features of the morbid state to which I would direct attention are anæmia, general languor and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of colour in the skin occurring in connexion with a diseased condition of the supra-renal capsules."

"The patient becomes languid, weak, indisposed to either bodily or mental exertion, the appetite is impaired or entirely lost, the whites of the eyes become pearly, the pulse small and feeble, or perhaps somewhat large, but excessively soft and compressible; the body wastes, without, however, presenting the dry and shrivelled skin and extreme emaciation usually attendant on protracted malignant disease; slight pain or uneasiness is from time to time referred to the region of the stomach, and there is occasionally actually vomiting. which in one instance was both urgent and distressing, and it is by no means uncommon for the patient to manifest indications of disturbed cerebral circulation. Notwithstanding these unequivocal signs of feeble circulation, anemia, and general prostration, neither the most diligent inquiry nor the most careful physical examination tends to throw the slightest gleam of light upon the precise nature of the patient's malady, nor do we succeed in fixing upon any special lesion as the cause of this gradual and extraordinary constitutional change."

In cases of supra-renal disease-

"With more or less of these symptoms we discover a most remarkable, and as far as I know, characteristic, discoloration taking place in the skin; sufficiently marked, indeed, as generally to have attracted the attention of the patient himself or the patient's friends. The discoloration pervades the whole surface of the body, but is commonly most strongly manifested on the face, neck, superior extremities, penis and scrotum, and in the flexures of the axillæ and around the navel. It may be said to present a dingy or smoky appearance, or various shades of deep amber or chestnut-brown, and in one instance the skin was so universally and so deeply darkened that, but for the features, the patient might have been mistaken for a mulatto. In some cases this discoloration occurs in patches, or perhaps rather, certain parts are so much darker than others as to impart to the surface a mottled or somewhat chequered appearance."—(Tuy's Husp. Reports, Oct., 1859, p. 93.

SURGERY.

AFFECTIONS OF THE BONES AND JOINTS, AMPUTATIONS, &c.

40.—ON RESECTION OF THE ANKLE-JOINT.

By HENRY HANCOCK, Esq., Senior Surgeon to the Charing Gross Hospital.

In that large and important class of cases wherein disease is restricted to the ankle-joint, or its immediate neighbourhood, the rest of the foot being healthy, for the most part Syme's or Progoff's operations are resorted to, the otherwise sound and healthy foot being sacrificed. But in reality these operations are comparatively rarely called for. Only in those cases are they really necessary where there is so large an amount of disease or mischief that all hope of preserving a good and useful foot is precluded.]

The operation which I would advise you to select, in the cases under consideration, is that of Resoction or Excision of the Ankle-

joint.

The operation was first performed by Moreau, and subsequently by Jüger and others, abroad; but I believe I am justified in stating that, with the exception of those which I have done myself, there is not a single instance upon record in which excision of the ankle-joint has been performed in this country for disease. Why, in this age of conservative surgery and joint resection, the solitary exception would be made in the case of the ankle-joint, and so useful a member as the foot needlessly sacrificed, is an anomaly which I confess I do not understand. We have seen that, in Syme's operation, independently of the entire loss of the foot, there is danger of sloughing or bagging of matter; and in both Syme's and Pirogoff's operations, inflamma tion, sloughing, and suppuration in the course of the divided tendons. In excisions of the ankle-joint these dangers do not exist. I have now performed this operation four times—three times successfully, once unsuccessfully, the patient dying, some six months after the operation, from lung disease, the result of a disapated life. In no mistance has there been sloughing; there need not be a single tendon artery divided; there is afterward, very little if any deformity-com paratively little shortening; the foot is preserved, and, as you will see by the cases I here relate, the patients are able to walk and mu about with scarcely any perceptible limp.

92 SURGERY.

You may bear in mind, however, that the success of the operation depends upon leaving the anterior and posterior tibial arteries intact. If these vessels are injured, there will not be sufficient blood supplied to nourish the part, or power to heal the wound; sloughing will ensue, and your operation ful. Your object also should be, to preserve everything as intact as possible, and on no account to open into the sheathy of the tendons.

The plan I have found answer best is the following: - Commence the incision about two inches above and behind the external mallerlus, and carry it across the meter to about two inches above and behind the internal malleolus. Take care that this incision merely divides the skin, and does not penetrate beyond the fascia. the flap so made, and next cut down upon the external malleolus, carrying your knife close to the edge of the bone, both behind and below the process; dislodge the peronei tendons, and divide the external Interal ligaments of the joint. Having done this, with the bone nippers cut through the fibula, about an inch above the malleolus: remove this piece of bone, dividing the inferior tibio-fibular ligament, and then turn the leg and foot on the outside. Now carefully dissect the tendons of the tibialis posticus and flexor communis digitorum from behind the internal malleolus. Carry your knife close round the edge of this process, and detach the internal lateral ligament; then, grasping the heel with one hand, and the front of the foot with the other, forcibly turn the sole of the foot downwards, by which the lower end of the tibia is dislocated and protruded through the wound. This done, remove the diseased end of the tibia with the common ambutating saw, and afterwards, with a small inctacarpal saw placed upon the back of the upper articulating process of the astragalus, between that process and the tendo-Achillis, remove the former by cutting from behind forwards. Replace the parts in sith; close the wound carefully on the inner side and front of the ankle, but leave the outside open. that there may be a free exit for discharge; apply water dressing, place the limb on its outer side on a splint, and the operation is completed.

You observe that the only parts cut through are the skin, the external and internal lateral ligaments, and the bone. Neither the extensor nor flexor tendons, the anterior nor posterior tibial arteries, are injured; consequently you have not to the any vessels. The patient should be placed in bed with the leg lying on its outer side; and you should be careful that there are openings in the splint-pad and oil-sik corresponding to the wound, otherwise the pressure of the pad causes the matter to be return i, and will, as I have seen it do, give rise to severe constitutional disturbance.

Case 1.—Reaction of ruble point; care.—J. H., aged eight years, of strumous districts, admitted January 30th, 1851, into Charingeross Hospital, under my care, with discase of the ankle-joint. He

had been in a deficate state of health for some time, and about three

years before his admission a how threw a stone, striking him on the lett instep, from which period the joint became affected. On admission, the part presented a glossy, shapeless appearance; hot, and extremely painful on the least movement. It would admit of little, if any flexion, the child being quite unable to bring his heel to the ground. There were two fistulous openings anteriorly to the external malleolus, through which a tube could readily be passed into the joint. Shortly after his admission he was attacked with scarlating, from which he soon recovered; the joint, however, becoming more painful, and the sinuses discharging thin offensive matter. It was deemed advisable to excise the ankle-joint in this case, the disease appearing to be confined to that part, and I accordingly performed the operation on Feb. 17th, 1851. There was some pain for the next three or four days, caused principally by inflamination of the absorbents of the leg and thigh. The inflammation, however, completely subsided in the course of a week. From this time he continued to to improve until he left the hospital in the following May, cured.

I saw this boy about two years ago; he had become tall and stout, and he told me he could walk, run, and jump without any inconvenience. He were a thick sole to his boot, and there was scarcely any

perceptible limp in his walk.

Case 2.—Ercision of the ankle-joint; death in six or seven months.—M. A. G., admitted under my care into Charing-er ss Hospital in Sept., 1857. About four years previously a swelling, not preceded nor accompanied by pain, commenced in front of the ankle-joint. A wound soon after appeared behind the external malliculus, which remained open and discharging for about a month, when it healed, and she felt nothing more of it for about eighteen months, when the joint again became swellen and very painful; but she continued to walk about until fourteen months before admission, when the symptoms became so aggravated, that she could not walk at all, whilst for the last five months she could not put her foot to the ground.

When admitted, the joint was much swollen; there were three openings in front of the internal malleclus, which communicated with the joint. On October 5th I excised the ankle-joint. She did not suffer much afterwards, but at the same time she did not progress so rapidly as the other cases have done. She became impatient, and left the hospital without my consent before the part had healed, and I subsequently learned that she died of lung disease some six or seven

months after the operation.

Case 3.—Lecis on of the Ankle-joint.—W. R., aged twenty-five, admitted under my care into Channg-cross Hospital on August 27th, 1857, with disease of the ankle joint. When three years old he shipped off the pavement, and spianed his ankle, which became much swollen and very painful. Matter formed, which was let out with temporary relief; but he shortly became worse, and was taken to the late Sir Astley Cooper, who advised amputation of the limb; but his

94 surgery.

friends objected, and Sir Astley ordered him a wooden leg, to wear from the knee. This he did for six months, but without benefit Having friends in Killarney he was sent there for change of air, and was attended by a medical man, who, he says, "worked wonders" with him. His treatment was peculiar. He ordered off the wooden leg, and then desired him to put his foot to the ground, and walk in the meadows barefooted every morning, whilst the dew was on the ground. At night he gave him oil to be rubbed into the ankle before the fire. At the end of six months he had improved so much, that he could walk without the assistance of a stick. The joint continued to get stronger every year, but remained stiff. In June, 1855, he came under my care with an ulcer on the side of the ankle. healed in a fortnight, but the stiffness remained. He was now persnaded to place himself under the care of a quack, who pronounced the ankle to be out of joint. After oiling it well for three weeks with neat's-foot oil, he (according to the patient's statement,) "snapped the bone into its place;" after which he lost the stiffness, and could walk "as well as he could wish." Eight months after this he slipped again, and again consulted the quack, who he says, "put the bone in a second time.' Again, a third time he fell, and a third time he consulted his friend, who this time failed to accomplish his object, in consequence, as he said, of the "nerve resisting him so much." The ankle now began to swell and inflame; matter formed, and he consulte I Mr. Tucker, who kindly sent him to me. I need scarcely tell you that when I attended him for the ulcer, there was no dislocation present. "The snapping and putting in the bone" was, doubtless, the disruption of adhesions, and, in all probability, caused the aggravation of mischief necessitating the operation.

At his admission his ankle was much swollen, inflamed, and very painful; there was an open wound over the external malleolus, communicating with diseased bone, and discharging offensive matter. Soon after, the inner side became swollen and intensely painful. An incision was made to relieve the tension, and afforded much ease. He, however, gradually became worse, his health began to give way, and, therefore, on Sept. 10th, I excised the joint. The tibia, fibula, and astragalus were all found diseased. He went on very well. He experienced some little drawback from a small spicula of bone coming away, but he left the hospital cured.

This patient, who is an exceedingly ingenious fellow, has invented a boot, which appears to answer admirably. In the description which he has sent to me, he says, "Finding the cork sole did not give me any spring, I began to consider what I could substitute for the cork, so as to give me greater facility in walking. The result of my meditations was, a steel spiral spring, fixed in the heel of the boot, the cork, of course, being cut away. Then I have the cork sole down to the toes. On the top of the spiral spring is a circular piece of thick leather, and I derive great tenefit from the invention."

He also wears the usual side irons for weak ankles. I met him the other day walking down Hampstead Hill, and he certainly showed no signs of having undergone so serious an operation.

Case 4 - Excision of the wakle-joint and removal of a considerable portion of the os calcis, for diseas. - J. T., aged six years, residing at Hounslow, was sent to Charing-cross Hospital, under my care, in Sept. 1858, by my friend, Mr. Chapman, having for the previous four or five months suffered pain in the left ankle. On the 26th of Aug. he leaped from the top of a wall five feet high, and so hurt the joint that he had to be carried into the house. Considerable swelling and suppuration ensued, and, when admitted, he was very ill, weak, and feverish, his countenance being anxious and indicative of great suffer-There was an unhealthy looking wound in front of the internal malleolus, discharging a large quantity of offensive matter, and a probe readily penetrated the joint, which was found extensively diseased. His friends having consented, I excised the joint on the 9th of October, in the manner I have de-cribed to you; but after removing the upper portion of the astragalus, which was carious, I found the disease extended through and beneath this hone, involving the os calcis to a considerable extent. The convex tibial articular surface, and the whole of the body of the a-tragalus behind the interesseous calcaneo-astragaloid ligament were removed, as well as the remains of the corresponding articular surface on the upper part of the os calcis; whilst the interior of that bone, behind the interesseous notch was carefully gouged out before the disease could be got rid of: so that little more than the shell of bone remained in that situation. No arteries were tied. The boy suffered very little constitutional disturbance, his general health and appetite having been uniformly good, and his progress satisfactory.

March 10th, 1859. He is now cured, he can stand upon his foot and walk without pain. The wound is entirely healed.

This case shows in a very marked manner the value of the operation. Had Pirogoff's method been employed, it would inevitably have failed, from the condition of the os calcis. It also shows how extremely valuable is conservative surgery—in young people, at all events. The amount of disease and the state of the os calcis almost made me doubt the result; but yet we find the child going through the cure with scarcely any constitutional disturbance, the cavity in the os calcis filling up and becoming sound, and a perfect cure taking place in five months from the time of operation.

With these cases before you, I feel quite justified in advising you to adopt this method wherever you are called upon to operate, provided the disease appears confined to the ankle joint. In gun-shot wounds and other injuries, your proceedings must be muded by the extent of implication of the soft parts.—Lancet, Oct. 1, 1859.

p. 331.

96 surgery.

41.—ON DISEASES OF THE TARSUS.

By JOHN ERICHSON, Esq., Surgeon to University College Hospital.

In no region of the hody have the good effects of modern conservative surgery been more distinctly shown than in the taisus. In the "good old times" of surgery, if a person had a white swelling of the bones of the foot, or a diseased tarsus, he was at once condemned to amputation of the limb. It was enough for a patient to have "disease of the tarsus" for him to have his limb removed; no distinction being made between disease of the different parts of the foot, nor any attempt to save the sound by the sacrifice of the diseased part.

Until a comparatively recent period, indeed, "diseased tarsus" was described as a whole. Surgeons did not endeavour to make out the exact extent and amount of the disease, and any case described as "diseased tarsus" was looked upon as requiring amputation of the The rule of practice then observed was, amongst the wealthier classes-those who could afford the expense of a "cork leg"-to amputate a little above the ankle; but amongst the poorer classes, to remove the leg about a couple of inches below the knee, so as to give the patient a stump which, when bent, would fit into the socket of a wooden pin. Thus, in the latter case especially, not only was the leg. itself perfectly sound, sacrificed, but the patient was exposed to great additional danger; for if there be one point more than another which has been indisputably proved by surgical statistics, it is, that the mortality after amputations increases, cateris paribus, in exact proportion as we approach the trunk, every additional inch which we remove augmenting the danger to the patient. This practice continued to prevail until M. Chopart drew some distinctions between the treatment to be pursued, according as the disease affected the anterior or the posterior tarsal bones and articulations. He showed that when the anterior articulations only were affected, amputation at the junction of the astragalus and calcaneum with the scaphoid and cuboidan operation which goes by the name of "Chopart's amputation" ought to be performed; thus removing the whole of the disease, and the patient recovering with a shortened foot, but, the heel being preserved, one on which he could bear the weight of his body, and which would be highly useful to him.

The next step in the conservative surgery of the lower extremity, in cases of diseased foot, was the operation introduced by Mr. Syme,—that of disarticulation at the ankle joint. This was certainly a great advance, for the flap being taken from the heel, the patient has a stump on which he can bear. The operation is also a very safe one. I do not know the precise statistics of all recorded cases: but this I know, that I have performed it nine times without a death, and this, in the lower extremity, is extremely satisfactory.

Since the introduction of anæsthetic agents, conservative surgery has taken great strides, and I think you may look upon conservatism in surgery as the necessary result of anaesthesia. For although operations of this kind were performed years ago by the Moreaus, Park, and others, and their utility demonstrated, yet the operations of goings, scrapings, and partial resections were so horribly painful to the patient, and occupied so much time in their performance, that surgeons dreaded to undertake them. Of late years surgeons have learned to discriminate disease of one part of the target from another, and to apply a different, but appropriate, treatment to each.

Looking at the subject in a diagnostic point of view,—and the treatment is most intinately connected with the diagnosis,—we find that the pathology of diseases of the tarsus is closely connected with its healthy anatomy. Composed, as it is, of seven bones, it presents four distinct articulations. By the term "articulation." applied to the tarsus, I do not mean merely the connexion of contiguous hones with each other, but distinct synovial sacs shut off from communica-

tion with other synovial sacs in the foot.

The posterior calcaneo-astragaloid is the first of these; next comes the anterior calcaneo-astragaloid, the synovial membrane here serving also for the astragalo-scaphoid; the calcaneo-cuboid is the third; and the anterior tarsal synovial membrane is the fourth and largest of all, and the most important in a surgical aspect. It extends between the scaphoid and the three cuneiform and cuboid bones, between the cuneiform bones themselves, between the two outer cuneiforms, and the bases of the second and third metatarsal bones, and also between the external cuneiform and the cuboid.

In the vast majority of cases, so far as my experience goes, it is the osseous structures, and not the articulations, which are primarily diseased. The bones, being cancellous, far removed from the centre of circulation, and exposed to alternations of temperature, readily become the seat of congestion and caries, rarely, however, of necrosis; and in strumous subjects not unfrequently fall into a tuberculous condition. Caries, whether simple or tuberculous, once set up in the

bones, speedily implicates the articulations secondarily.

Now you can easily conceive, on casting an eye on the arrangement of the tarsal synovial membranes, that the extent of disease will, in a great measure, depend upon its seat. Thus, a person may have disease in the os calcis, extending even to the cuboid, with very little likelihood of its proceeding farther for a length of time. Such disease will be limited to the outer part of the foot, does not involve its integrity, and readily admits of removal by operation. But let him have disease springing up in the scaphoid, or in one of the cunciform bones, or in the bases of the second or third metatarsal bones, then the morbid action will rapidly spread through the whole of the anterior and inner part of the tarsus, and, in all probability, no resection operation can be advantageously employed. So that the seat of disease influences materially its amount, extent, and the kind of operation required for its removal.

98 SURGERY.

Let us now consider the various bones of the tarsus separately, as

primary centres of disease.

The os calcis is diseased more frequently than any other bone of the foot, being, from its exposed situation, liable to injuries of all kinds. receiving the weight of the body when alighting on the feet in jump. ing, and having strong muscles inserted into it. Caries is the disease usually attacking the calcaneum; necrosis very seldom, although we sometimes find a piece of necrosed bone in the centre of a carious cavity. When this bone is diseased, the posterior part of the foot is swollen, and perforated by one or several fistulous openings, through which a probe passes down to, and sinks into, carious bone. On further examination, we find that the rest of the foot is healthy. Having thus limited the disease to the os calcis, what course is open to us in the way of curing the patient of the disease? Why, we may of course lay open the sinuses freely by means of a T-shaped incision, and gouge away the diseased osseous structures. This may always be done with success, however extensively the cancellous structure of the bone is involved, provided an external sound shell exists. You have often seen a little girl, who now occasionally attends here amongst the out-patients, upon whom I performed this operation twice, the disease having recurred after the first gouging. So much of the calcaneum was taken away in that case, that a mere shell of bone only remained; and yet the removed bone has been replaced by fibroid tissue, which will in time no doubt ossify. She has a perfectly useful foot, and the only sign of any operation having been performed is a small, depressed cicatrix on the outer side. where you have disease limited to the os calcis, such an operation as I have just mentioned will generally be attended with an excellent result, and it is but very seldom indeed that complete excision will be required. But in some cases you will find that the morbid action originating in the os calcis has not only involved the whole bone, but has extended somewhat beyond it, implicating the calcaneo-astragaloid, or the calcaneo-cuboid articulations, or both. Then you must proceed as I did in the case of a girl who was in the hospital last summer,namely, perform complete excision of the whole os calcis, and gouge away any diseased bone that may be met within the astragalus or cu-The girl made an excellent recovery; the heel continues somewhat flattened, it is true, but she has a sound and perfectly useful foot.

The astragalus is situated in a position of great surgical importance. Articulating, as it does with the malleolar arch above, with the calcaneum below, and with the scaphoid in front—forming, as it were, the key-stone of the foot—it is perfectly evident that any morbid action commencing in it is very likely to spread to and involve all the more important structures of the foot. Seldom, indeed, does disease originating here long remain confined to this bone; and, so far as my experience goes, gouging operations, even if performed at an

varly period, are rarely of much benefit, the morbid action continuing to extend netwithstanding their employment. Indeed, in diseased astragalus, I believe that excision ought, as a rule, to be practised in preference to gouging, contrary to what is the case in the calcaneum. In these cases you find swelling just in front of the malleolar arch. with fistulous openings leading down to the diseased astragalus; the anterior part of the foot and the heel being quite sound. You may have disease of the ankle-joint itself depending upon primary disease of the astragalus for its origin, and then the laxity, grating, &c., symptematic of diseased articulations are present. The treatment in such cases consists generally in removing the astragalus from its bed, and gouging away any diseased bone which may exist either on the upper surface of the calcaneum or under surface of the malleolar arch. Very large portions of hone may be removed from this situation. I have taken away the whole of the malleolar arch and astrayalus, and gonged out the upper surface of the os calcis very freely, and yet the patient has recovered with a strong and movable foot, but very little shortened and deformed.

The scaphoid bone stands next in importance to the astragalus in its power of implicating a great extent of the foot when diseased. The morbid action may extend either backwards, and affect the astragalus—in which case you will act much as you would do in disease of the latter bone; or it may pass forwards, and then the whole anterior tarsal synovial membrane becomes affected. A bulbous swelling of the anterior part of the foot, perforated by fistulous openings leading to diseased bone,—the heel, astragalus, and ankle-joint being free,—indicate the existence of the condition which I have just named.

How, then, are we to treat disease of the scaphoid extending to the large anterior tarsal synovial membrane? Resection in such cases is, I believe, useless. I have never seen nor heard of that operation being done, and I should imagine that if the scaphoid were excised, the operation would be followed by total disorganisation of the foot, requiring amputation. In these cases Chopart's operation is usually the only resource, and should be performed, except in certain instances, where, from the very extensive disorganisation of the soft parts, we may require to go farther back.

When the conseiform bones are the seat of caries, you will generally find that the middle cuneiform is the bone primarily affected. Thence the disease extends to the lateral ones, or to the basis of the second and third metatarsal bones. In such cases the anterior tarsal synovial membrane usually becomes extensively implicated, and Chopart's amputation will be required. But if the morbid action continues to be limited to the middle cuneiform and the contiguous metatarsal bones, and the patient's general health is good, removal of the diseased osseous structures by the gouge, with extraction of the carious cuneiform, may be attended by successful results.

The cuboul is seldom primarily diseased. I have had two such cases,

100 surgery

one of which was successfully treated by gou, ing, but, in the other—that of a man named J, whom some of you will recollect—Chopart's amputation became necessary, in consequence of implication of the anterior tarsal synovial membrane.

In many cases of diseased taisus as in that forming the text of these remarks, the morbid process is not confined to one, but spreads to several other bones. Here you must be guided in your treatment by the seat and extent of the disease. In one such case—in a lad about sixteen, who was sent to us from Staines—I removed the lower two inches of the fibula, some of the under surface of the tibia, and greater part of the astragalus, os calcis, and cuboid, and yet complete recovery took place, and in the man upon whom I operated last week, although nearly the whole of the onter side of the foot was gouged away, I should expect an excellent result were it not that the articulation between the cuboid and external cuneiform bone has been opened, and that (and now you will see the force of the remark I made at the commencement of the lecture), in consequence of this the disease is likely to extend across the foot disorganisation of the whole foot to take place, and amputation to become necessary

In conclusion, I must wain you not to be in too great a hurry to operate on very young children. You will find that in infants, and in children under five years of age, caries of the taisal bones with abscess may frequently be recovered from by proper constitutional and local treatment, conducted on ordinary principles, without the necessity for operative interference—Lancet, June 18, 1859, p 603.

42.—ON PIROGOFF'S OPERATION.

By Dr. EBEN WATSON, Lecturer on Physiology in Anderson's University, Glasgow, and Surgeon to the Glasgow Infirmary.

[James M'G-, aged fourteen received a severe injury to the foot whilst cleaning machinery. The whole foot, with the exception of the heel, was completely "smashed," as it is familiarly but expressively denominated.]

There could be no difference of opinion as to the propriety of amputation in such a case. The only question was where it should be performed. The parts were much too severely and extensively injured to adom of Chopart's amputation through the taisus being practised with any hope of success. I might have performed Mr. Syme's amputation through the ankle-joint, but, from the shattered state of the foot, the dissection of the hell-flap would, I think, have been difficult. It seemed to me that this was a favourable case for performing the amputation recommended by M. Priogoff, for the skin and bone of the hell-seemed to have been uninjured, while no other portion of the foot was in a condition to be saved. My col-

leagues agreed with the in this opinion, and therefore, the patient having been put under chloroform, I proceeded with the operation as follows—

With a straight pointed and strong lastour, I divided all the t mis down to the osed is from a few lines in front ef the inner milleolus to the same p int on the outside of the ankle, and I con nested the extremities of this meision by another across the front of the ankle. I then opened the joint, and cut the lateral ligaments cucially, especially the inner one keeping close to the hone, that I might not injure the posterior tibual artery. I next sawed through the os calcas from above downwards, close to the posterior margin of the astragalus, and having cleared the articular ends of the tima and fibula, I sawed off a thin film of hone from them, of course taking away with it the two malleoli Some of the tendons that had escaped the kinte were now shortened, and then the plantar arteries and the auterior tibul were tied. I now found that when I brought up the cut surface of the beel bone to the cut surface of the tibia and fibula, they were easily placed in exact apposition and were as easily retained there by three silver sutures in the front of the stump bringing the ligatures out by the sides of the wound, which were left open, so as to admit of a free discharge. The stamp was surrounded by wet hat enveloped in oiled silk paper and when the boy had been replace I in bed, it was laid on a pillow. After recovering from the chloroform, he took twenty drops of laudanum, and slept pretty well during the night For a few days he was feverish, and required low diet, lavatives, and even an antimomal mixture, but this passed off when suppuration became established in the wound. His health was at no other time affected during his stay in the hospital.

hocally, the treatment consisted in having the leg bandaged pretty firmly in a hollow posterior splint of pasteboard padded with cotton, and cut away at each side of the heel, so as to allow the discharge to run away freely. The wound was kept clean by changing the dressings every day, but the splint was only changed on the second, third, or fourth day, as it seemed to require. The bigatures came away on the each or seventh day after the operation, but the satures were allowed to remain in twice as long. On their being removed, a strip of plaster was placed so as to keep the wound together, but I do not think it wis either very effective or very necessary and it was soon dispensed with. The posterior splint, and a turn of bandage brought round the point of the stump as well as laterally, were, I think the means of keeping the privation during the healing process. Water dressings at first and afterwards lint dipped in olive oil, were

the only other applications used

About three weeks after the operation, a small abscess formed above the inner and legith was freely opened, and healed readily. The original wound, too, had united healthly by the beginning of tables, and the boy was then allowed to walk about on crutches,

still, however, wearing the splint for the sake of greater security against injury to the stump. About the same time I observed that the calcis had become united to the tibia and fibula, so as to be nearly immoveable. I did not, however, allow this to be very severely tested.

On the 17th of December, I showed this boy to the clinical class at the Royal Infirmary. He could then walk with perfect freedom on the stump, and without any lameness. As he stood before the class there was no apparent deformity, but when the limbs were compared from the knees downwards, the left (or one operated on) was about half an inch shorter than the other. The stump was as perfect as can be imagined. It was difficult to make out the cicatrix in front. There was complete osseous union between the bones involved in the operation, so that they formed an united support for the body; and the skin of the heel, tough, strong, and smooth, formed a very hardy covering for its extremity.

In regard to the performance of Pirogoff's operation, I would offer two remarks:—

lst. It is much easier to avoid entting the posterior tibial artery behind the inner malleolus in this operation than in that proposed by Mr. Symc. For every one who has performed the latter knows that he is not the least likely to cut the artery so long as he is attending to it—viz., while he is separating it from its attachments. It is when he is doing something else, and especially when he is dissecting back the skin of the heel, that his knife is apt to slip upon the vessel before he is aware. Now, in Progoff's operation, after the artery has been detached along with the skin below the inner malleolus, the operator cuts no more in that direction at all. He has only to cut the internal lateral ligament of the malle joint, keeping his knife close to and parallel with the astragalus, and then to use the saw; the soft parts being held back for him by his assistant, by means of a blunt hook or with his fingers.

2nd. M. Pirogoff, in his memoir describing his new operation, writes as follows:—"I separate the short anterior flap from the two malleoli, and saw through them at the same time close to their base." And again: "I turn this flap (the posterior) forwards, and bring the cut surface of the as calers in apposition with the articular serface of the thin. If the latter be descrete, it is sometimes necessary also to saw off from it a thin slice with the malleoli."

I wish to draw your attention particularly to these directions, because I venture to drifer from M. Progoff in regard to them. I even think that the unfortunate issue of some of his cases may be attributed to his following that plan of operating. In my opinion, you ought always to saw off the articular extremities of the bones of the leg; for then you have a clean surface of cancellar bone on either hand—viz., at the anterior part of the os calcis, and at the inferior extremities of the tibia and fibula. Such surfaces are the best adapted for speedy ossoous union; whereas, if the articular surface of

the tibia is left untouched, as I understand M. Pirogoff reconsmends to be always done when it is not diseased, the synovial membrane and cartilage must inflame and suppurate, and be partly absorbed, partly discharged, before osseous union can take place between the tibia and calcaneum. The position of matters is very different when soft parts are to be applied to the surface of a joint, as in amputation through the wrist-joint, which you saw me perform about three weeks ago, and which has healed without one of those untoward circumstances that used to be dreaded by surgeons in such cases. If, however, the operation of M. Pirogoff be performed without excising the articular surface of the tibia, we should have a state of matters more analogous to the excision of one surface of a joint, The bringing up of the os which few surgeons would recommend. calcis, and not a soft flap, upon the articular surface of the tibia makes the greatest differences in the processes pursued by nature before healing is permitted. In the one case it is generally simple adhesive inflammation; in the other, it is, as I have stated above, a more lengthened and complicated, and therefore more dangerous, process. Hence it is that I should recommend the surgeon in all cases to saw off a thin layer of the articular surface of the tibia along with both malleoli, before he brings up his posterior flap.

But if this is to be done, it may be asked why disarticulate at all ? In thinking of this question, I planned the following procedure, which, I think, will be found easier than M. Pirogoff's. leg is placed on its side, the operator holding the front part of the foot to be amputated in his left hand. He then makes an incision with a bistoury across the sole of the foot, from the tip of one mallenlus to that of the other, carrying it right down to the os calcis. He then applies the serrated edge of a small amounting saw in the wound so as to divide the os calcis at such an angle as will enable him to avoid touching the mallcoli. The assistant ought to steady the os calcis by grasping the heel between his finger and thumb, while the operator is using the saw. The latter then resumes his knife, and placing it between the divided surfaces of the bone, cuts a little upwards, till he gets fairly behind the upper portion of the anklejoint. The posterior flap is now formed, and should be turned upwards on the back of the leg by the assistant, so as to keep it out of the way. The knife should next be carried in a circular manner round the anterior aspect of the joint, dividing the skin in such a way as to unite the points of the former incision by this transverse one in front, The skin in front should then be pulled up a little, and the tendons and other structures should be divided down to the tibia and tibula, just above the ankle-joint. Lastly, these bones are sawn through in a slanting manner, by directing the saw from before backwards and downwards. The posterior flap is now brought up, and it will be found that the cut surfaces of the tibia and fibula on the one hand, and of the os calcis on the other, will fit each other exactly.

The skin in front is united by wire sutures, and the operation is finished.

I am not at all anxious to claim originality in regard to this modification. My aum is not to rob M. Pnogoff of any share of that honour which is justly his due, but to assist in perfecting and establishing his operation amongst the resources of surgery. Nor am I singular in thinking that the operation, as propose by him, admits of improvement. Many surgeons in this country and on the Continent have suggested variations in its performance, and I only ask that the above method of operating, without disarticulating, which is its sole distinctive feature, may be carefully considered, as I have no doubt the other proposals have been.

I may remark that I do not think the slant-cutting of the os calcis an improvement in itself, though it has been proposed by M. Sédillot so long ago as 1855, and again by Mr. Busk, of the Scaman's Hospital, in 1858. I have merely adopted it in my modification for the purpose of avoiding collision with the malleoli in sawing through the os calcis; but I believe that the less slanting the longer will be the lunb, and the greater the ease of keeping the ends of the bone in apposition.

The method which I have proposed occupies less time than that of M. Pirogoff; the risk to the posterior tibial artery in disarticulating the foot, and the trouble of the additional dissection are avoided, while an equally good stump is made in the end. Besides, it will be found that, in performing M. Pirogoff's operation for some injuries of the foot, in which the greater part of it has been destroyed or lacerated, one of the surgeon's chief difficulties will be, the want of purchase in steadying the foot while he is sawing through the calcaneum after disarticulation. He can only hold it by the broken and lacerated front part; whereas, if he applies the saw in the way I have proposed. the attachments of the ankle-joint, and the possibility of the assistant's seizing the projecting part of the heel, make his work much easier. Again, in sawing off the articular ends of the tibia and fibula, he has the astragalus to hold by, instead of the slippery ends of the malleoli.

After I had performed this operation twice on the dead subject, and was convinced of its suitableness for the accomplishment of the object

in view, I employed it in the following case.

Thomas M'C., aged thirty-three, carter; admitted on the 4th January, 1859. "This afternoon a loaded railway waggon knocked the patient down, and passed over his right foot, producing great laceration of the soft parts, and fracture of many of the bones of the foot. The tissues on both sides of the ankle and foot are very much separated from the bones. Patient does not labour under any shock."

At a quarter-past nine P.M. a consultation was called on this man's case. I then found his foot completely smashed except the heel, and, as stated above, the skin and soft parts were separated back to the very malleoli. Indeed, so bad was the laceration that some of my colleagues recommended amputation at the lower third of the leg. On careful examination, however. I found that I could perform the operation above described; and I accordingly did so, making exposed a stump as in the former case, with much greater ease and eximination. The patient was feverish for a few days after the operation, and received gentle antiphlogl tie treatment. He afterwards progressed slowly but uninterruptedly in his amondment. Just as in the preceding case, the limb was placed in a posterior splint of pasteboard, the stump was covered with water dressings, and the whole was supported by a bandage. The dressings were, of course, changed from time to time, but no adhesive plaster was applied to the wound.

He was dismissed cured on the 12th of March. His stump was sound, and the union of the bones perfect. He had been for some

days accustomed to walk on crutches.

M. Pirogoff seems to dread the occurrence of two evils after this

operation. These are-

1st. The death of the os calcis. Now, I can hardly think that there is any very great danger of this occurrence, especially if the posterior tibial artery is not divided too high up. And even if the performance of the operation is thus marred, still the branches from the posterior peroneal artery to the outside of the calcaneum would. I think, be sufficient to maintain its vitality. At all events there is no greater risk of death of the os calcis than of the posterior flap in Mr. Syme's operation. The same precautions are requisite in both

cases, and will be equally efficacious in both.

2nd. Abscesses in the sheaths of the tendons are greatly feared by M. Pirogoff; and it cannot be denied that they are likely to occur in some of these cases. He recommends that the tendons be not cut too short in the formation of the flaps; otherwise, when the muscles contract, the sheaths will be left empty towards the wound, and, in his experience, more hable to suppuration. It is very proper to attend to this advice, but surely it is seldom that these abscesses, supposing them to have occurred, are so very dangerous as he represents. The abscess is in most cases limited by exudative matter to a small part of the sheath, and, if freely opened when pus has formed, it generally proceeds no further, but heals kindly and readily. Such an abscess formed in the first of the cases which I have reported above, and it hardly retarded the progress of the case for a single day. It will, moreover, be obvious that this is a danger which is apt to present itself in all cases of amoutation through parts supplied with long tendons, as at the ankle or in the forearm, but it has never been considered so very formidable by other surgeons.

It has occurred to me, that the splint, which I kept steadily applied in these cases, may have operated favourably in preventing the formation of abscesses in the sheaths of the tendons. This apparatus no doubt, kept the whole limb quiet, permitted no jerking of the muscles, and prevented, to a certain extent, their contracting and pulling the tendons up from the cut extremities of the sheaths.

106 surgery.

The chief advantages of M. Pirogoff's operation are-1st, that the length of the limbs is preserved as nearly equal as possible under the circumstances. M. Pirogoff's own statement is thoroughly borne out. by my experience of his operation :- "The leg," says he, "after my operation, appears an inch and a half (sometimes more) longer than in the three other operations (Syme, Baudens, Roux), because the remnant of the os calcis left in the flap, as it unites with the inferior extremities of the tibia and fibula, lengthens them by an inch and a half." In the case of the boy M'G., the left leg is only two-fifths of an inch shorter than its uninjured fellow; and in M'C.'s case it is not more than an inch and a half. This great difference, in these two cases, is easily accounted for-(1.) Everybody knows that there is great inequality in the length of the os calcis in different persons : some are more spur-heeled than others, and these persons, however clumsy their feet may have been before, would obviously make the best subjects for Pirogoff's operation. (2.) In M.C.'s case, the soft parts round the ankle were much lacerated, as formerly stated; and. in paring my anterior flap, I had to cut rather higher up than was desirable. The saw was also applied fully high up, so that a good half inch of the tibia was cut off. Ilad it not been for this accidental circumstance, his limb might have been nearly half an inch longer.

2nd. The skin and areolar tissue of the heel are stronger and sounder in the stump after Pirogoff's operation than they could be if dissected off the heel, and applied to the ends of the bones of the leg. as must be done in any form of amputation through the ankle-joint. The support for the body is thus much better in the former than in the latter case, and the patient is sooner able to use it in walking. The boy M'G., on whom I first operated, began to walk on his stump as early as six or eight weeks after the operation, and, in less than four months after its date, he could use it with perfect freedom. He still continues to do so, and his defect is hardly observable, whether in walking or standing, although he wears a very clumsy artificial foot. The other patient, M'C., was, for some time, timid in using his stump, but by the beginning of May, when he last showed himself at the hospital, he had quite overcome that feeling. He had obtained a very good light artificial foot, of such simple construction, that it only cost a guinea. He could walk without a stick, and it was remarked by every one who saw him, that no stranger could discover from his manner of walking that he had lost his foot.

In conclusion, I think that M. Pirogoff's operation is a great improvement in surgery, and I am astonished to learn that he has himself departed from it; for so it was reported officially by Messrs. Monatt and Wyatt to Sir John Hall (Fergusson's Surgery, 4th edit, p. 487). For my part, not only can I see no good reason for abandoning the operation, but I think its proposer deserves much credit. It seems to me preferable to any other form of amputation at the

ankle joint when the heel is sound; and I shall even go further, and maintain that it is, in some cases, preferable to Chopart's amputation through the tarsus. I refer to cases of injury of the foot in which the latter operation is sometimes attempted, though it may be impossible, owing to the laceration, to procure a sound covering of soft parts for the astragalus. Now, when this is not done, the face of the stump is apt either not to close at all for a long time, or to ulcerate whenever an attempt is made to use it. It thus remains painful and useless for a length of time, during which the muscles of the calf of the leg contract and pull up the heel, thus increasing the mischief both as to pam in walking and deformity of the injured limb. Illustrations of these remarks must have occurred in the experience of every practical surgeon, and two cases lately came under observation in our own hospital; the patients having sought relief because of their painful and ulcerated, and therefore useless, stumps. In the stump which remains after Pirogoff's operation such a state of matters could never occur, both from its shape and from the fact that the operation wound is fixed high up in front, where it is in no danger of being hurt in walking.

I have said nothing as yet about the choice of cases for this operation, and, indeed, very little need be said at all. It is obvious that the heel bone must be sound, otherwise the case is not suited for Progoff's operation. When the tarsal bones are diseased, the os calcis is seldom free from the morbid affection; hence, in such cases, Syme's operation is generally more applicable; whereas, in accidental injuries of the front part of the foot, if neither Hey's nor Chopart's operation can be performed with a good covering of soft parts in front, then an admirable stump may generally be procured by adopting the procedure of M. Progofi.—Lancet, June 11, 1859, p. 577.

43.—ON SURGICAL OPENINGS INTO THE KNEE-JOINT.

By John Adams, Esq., Surgeon to the London Hospital.

Is it desirable or necessary to open by incision so large and complicated a joint as that of the knee? Some years ago a man was brought into the London Hospital who had been bitten in the knee by a tiger Suppuration occurred in the joint, and the limb was amputated. Instead of the amputation, a free incision ought to have been made into the knee-joint, to give exit to the matter. There are now four cases under the author's care, in which he has thought it necessary to open the knee-joint. They are all different in many very important respects.]

The first is that of a man about 45 years of age, who was admitted into the hospital in consequence of a compound fracture of the patella, which necessarily caused an opening into the knee-joint. The treatment pursued in the outset of this case was, in my opinion, quite

judicious, as a landable attempt to save the limb was made; and, the parts being accurately adjusted, the limb was kept in an extended position, and the usual antiphlogistic means being had recourse to, the wound over the patella soon healed. But the case did not progress satisfactorily; for, inflammation occurring, abscesses formed in various directions, some superficial and others very deep, so that I was compelled to cut through the muscles of the calf to remove some dead fascia which kept up the discharge. After this, pus formed in the interior of the knee-joint, and I was compelled to make incisions on either side of the patella at different times, to give exit to the matter. After struggling on for a length of time, anchylosis of the knee took place, at an angle certainly not quite convenient for freedom of progression; but I hope the limb will eventually become useful, as all discharge has ceased for a considerable time.

The next is the case of a man, aged about sixty, who was admitted in consequence of some obscure inflammation of the leg after an injury. The case was progressing favourably, when a deep-seated swelling formed in the ham, and, after a few days, deep fluctuation was detected. which led me to make a very cautious opening, through which a large quantity of pus was evacuated. The opening was enlarged, and it was found that the matter came from between the heads of the gastroonemins externus, and close to the large bloodvessels in the popliteal space at the back of the posterior ligament of Winslow. Nothing untoward happened for some days, when the abscess ceased to discharge, and the knee-joint began to swell. The swelling increased day by day, and evidently indicated suppuration in the knee-joint. Now this was very remarkable, because it appeared as if the matter had made its way from the popliteal space into the interior of the joint through the posterior ligament; at least, it appeared so to me. However, severe constitutional irritation occurred, and it became requisite, from the tension of the joint, to do something for the patient's relief, had some idea of amoutating the limb, but it was determined, at a consultation with one of my colleagues, to make an attempt to save the limb, and, to effect this, to make a free incision into the joint. I therefore opened the joint, first on the inside, and, at an interval of ten days or a fortnight, on the outside, and gave exit to a large quantity of sero-purulent fluid on both occasions. The man has struggled through, with a constitution evidently damaged by hard living, and severe labour, and is progressing favourably now; but the opening still remains patent on the outside of the knee, and the fungus nature of the granulations points at some deep-seated disease, probably of the bone itself. I cannot speak very favourably of the case, but I tlimk enough has occurred to show me that, if his constitution were sound, he would make a fair recovery, with an anchylored joint. I have now directed him to be sent into the country for the benefit of his health. The case is remarkable, from the poculiar course which the abserts appeared to take, having made its way from the pophical space into

joint itself. I feel satisfied in my own mind that amputation of the thigh would have been attended with a fatal result, from the defect in the man's constitution; and, therefore, although the cure is as yet imperfect, I am under the impression that no other treatment could feasibly have been adopted than the one I pursued; at any rate, it proves that you can open the knee-joint without destroying life or limb.

The third case is one of a lad about twelve or thirteen years old, who was admitted in a very advanced stage of low fever. He had also considerable swelling of the left leg, consequent on inflammation of the subcutaneous cellular tissue. A large abscess formed over the head of the trbia, which I opened. After this, matter formed very deeply along the outside of the knee-joint, and this I opened. Soon afterwards the joint itself became much swollen and painful, and was tense with fluid. I suspected matter in the joint, and made a free incision into it. I found a large collection of pus, and the articular cartilages extensively croded. I could not advise amputation, as he was still labouring under symptoms of low typhus fever; and he sank, after a few days, with signs of general pyremia.

In this case it was apparent from the beginning that no operation was advisable except that of opening the joint to give exit to the matter. It is of no use amputating in such cases, as the constitutional disease, (probably the cause, rather than the result, of the local mischief) could not be benefitted by so violent a procedure. And I cannot help thinking that operations performed under such conditions, fatal as they always are, bring discredit upon surgery, inasmich as they are always and unexceptionally attended with the loss of life.

Now, the last case of this series to which I shall direct attention is one now under treatment, and is that of a man whose limb I amputated in consequence of extensive injury to the ankle-joint. This case is interesting as showing how much the constitution can bear under very unfavourable circumstances, and under a most complicated series of affections. The man's condition has been no doubt materially injured by a habit he acquired in China of eating opium to a large extent.

He was admitted three or four months ago in consequence of extensive injury to the left ankle from the falling of a heavy weight on his leg and foot by which he sustained a fracture of the tibia above the malleolus; and the fracture being exposed, it may be termed a compound fracture. Sloughing of the skin over the inside of the leg and ankle laid bare a large portion of the tibia, which protruded to a great extent, being detached from the lower fragment, which remained in connexion with the astragalus; this, however, becoming subsequently detached, was removed by the dresser. About four inches of the protruding tibia was dead; the consequence was that extensive suppuration was going on, and there was no possibility of repairing the mischief without amputating the leg or removing the dead bone. On consultation, it was determined to saw off the dead

There was no difficulty in doing this; and there appeared to be a fair prospect of success, as granulations of a very healthy character shot up from every part of the exposed surface. However, after three or four weeks, the man got materially worse, and the granulations assumed an unhealthy aspect, and, as his constitution seemed evidently suffering from the long-continued drain. I thought it right to amoutate below the knee. The operation was performed very high. just below the knee, on the principle advised by Mr. Teale in amoutation of the thigh. The skin of the upper surface of the stump sloughed to a slight extent. During the progress of the case, hemorrhage to an alarming degree occurred from the popliteal artery, and this was secured by Mr. Ward, who laid open the stump to reach it. His progress was satisfactory until inflammation attacked the kneejoint, and a large quantity of fluid was poured out, and which presented itself towards the inner side, as is usually the case. I opened this freely, and let out a large quantity of sero-purulent fluid, by which the patient was relieved. The only additional circumstance I need mention in this case, is the fact that, the opening on the inside of the knee becoming closed, a large abscess has formed in the bursa beneath the tendon of the rectus, which frequently communicates

with the joint itself. There is every prospect of cure.

Thus, you perceive, that at the same time I have had four cases under my care, in which I have thought it advisable to open the kneejoint. And I may ask the simple question, why should you fear to open this joint? You may be quite certain of this, that where suppuration has taken place, it is absolutely necessary that you should adopt this procedure, as there is no chance whatever that the pus can be absorbed under the circumstances mentioned in the preceding cases. I think the custom of freely opening the joint is due to the writings and practice of Sir Benjamin Brodie, and I am sure that you cannot commit a more fatal error than to leave patients unrelieved of abscess in the interior of the joint, under the impression that you are likely to add to the mischief already existing by opening so large a joint as that of the knee. Let me give you this piece of advice: if you determine to cut into the joint, let your incision be free, and do not trouble yourself by squeezing the matter out with your hands, but lay a flamel, soaked in warm water, over the part, and allow the cyst itself, by its inherent faculty of contraction, to force out its contents. In most cases, it is desirable to leave the opening patent, and not to trouble yourselves to bring the edges of the wound together by strapping and bandaging, although this practice may sometimes succeed You have seen cases in the hospital where the constitution has been. infected with that very fatal blood-poison to which the term pyremia is given; and, in many of these cases abscesses form in the various joints of the body. In such cases I would especially advise you to make free mer our into the cab-cesses, and the result of my experience is that by such treatment many lives are saved. - Lancet, August 13, 1859, p. 155.

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1.—ON ACUTE PERIOSTITIS.

LING, Esq., Surgeon to the London Hospital.

operations more frequently performed in the hosthan those required for the removal of necrosed e certainly more common now than they were in e results show that these operations are essentially haracter,-that tedious smuses, always discharging me, have been enabled to close, and that useful aved by the removal of a constant source of irritaations have become more frequent, then, because ome more strongly impressed with the advantage ced-up or impacted dead bone-have become less iences from the necessary disturbance of parts, and ned to undertake tedious and troublesome operaat they can be rendered pamless by chloroform. rich in specimens of encased bone taken from amt such preparations are rarely added now, because lumb is removed for such a disease until the atas been made by extracting the incarcerated bone. tre cases of necrosis in hospital practice that it is tether we cannot, in many instances, prevent this e more common cause of necrosis in the long bones , consequent upon injury.

er that the whole, or greater part, of a bone may ute periostitis-that the inflammation may extend ticulations, imperilling the safety of a limb, and times sink under the constitutional fever attending ge the importance of an early diagnosis of the hat right and prompt measures may be taken for complaint for which acute periostitis is most liable acute rheumatism; and it is a mistake which, I nently made in practice. Indeed, some care and e required to make the diagnosis. In rhoumatism, iere is high inflammatory fever, with swelling of the ain, increased by pressure, so that the patient is d he shrinks from the touch of the surgeon, in e which an examination may cause him. In periosemur or tibia, the swelling is diffused. It is not ger joints-to the ankle or to the knee, but occue, and is edematous in character. But the chief the seat of pain. In periostitis little or no pain is , unless it be made over, or in the course of, the in may, in the early stage, move the limb at the e, and press the ligaments and tendons without t the slightest pressure on the bone excites intense press over the tibia or the muscles of the thigh

around the femur in rheumatism, you rarely cause much pain; but in acute periostitis such pressure cannot be tolerated for a moment. The conclusion in favour of periostitis will be much strengthened if it be found that the attack of inflammation succeeded an injury.

The treatment commonly recommended in acute periostitis is local depletion with calonical and opium. Just at the onset of an attack, in a superficial bone like the tibia, this treatment may be of service, but in periostitis of a deep-seated bone, or if the inflammation do not speedily subside, such measures are not to be relied on. After matter has formed beneath the membrane, they are worse than useless. They weaken the patient without exerting any influence on the disease. There is then no way of averting serious mischief but by a free incision of the inflamed periosteum.—Lancet, Sept. 3, 1859, p. 231.

45.—ON PAINFUL CICATRIX, AND IRRITABLE STUMP. By HENRY HANGOK, Esq., Senior Surgeon to Charing-Cross.

By HENRY HANCOCK, Esq. Senior Surgeon to Charing-Cross Hospital.

[Painful cicatrix occurs for the most part in situations where the skin is naturally in close contact with the periosteum, as over the lower portion of the fibula and inner surface of the tibia. The pain frequently comes on only after the cicatrix is formed, the previous wound not being so.]

This is a point of some practical importance, and led me to pursue the treatment adopted in the following case—viz., "subcutaneous separation of the cicatrix from the periosteum." and the prevention of adhesion again taking place. These cicatrices have usually been dissected out; but the operation has proved very unsatisfactory, the relief being merely temporary, whilst the wound remains open, and being lost when it closes; and we may readily understand why this is the case when we recall the fact, that the wound made in this operation must be filled up by granulations springing from the periosteum or bone, as the case may be,—when we also remember the contraction which takes place in all cicatrices so formed, how the delicate periosteal nerves must be implicated, and how this contracting or contracted cicatrix must be continually dragged upon and irritated by every movement of the limb or muscles of the part. The following case illustrates the foregoing observations:—

Pranful Cicative.—Mis. B., when about thirty years of age, suffered from suppression of the catamenia, for which she was on several occasions bled in the leg. After the last bleeding, pain having occurred in the spot, leeches and lotions were employed, but without any beneficial result, the pain being much increased, and very severe. This continued for three years, during which she was treated by most of the first surgeons of the day for disease of the vein. She next

consulted the late Mr. Liston, who at once excised the painfid spot. The wound healed, and she remained free from pain for nearly fourteen years, when it returned precisely in the same spot, and continued for several weeks very severe, and not releved by treatment; there was neither swelling nor redness. Another surgeon of great eminence was then consulted. He proposed to remove the cicatrix, which was done with benefit for sixteen months, when the pain returned. The cicatrix was again removed, but the relief afforded only lasted six months. Removal of the cicatrix was again recommended; but the patient desiring another opinion, Mr. Chapman, of Hounslow, under

whose care she was, brought her to me.

Her sufferings at this time were so great that she was willing to undergo anything that held out a probability of cure. She could not sleep at night, and appeared quite worn out with pain. Upon hearing the history of her case, I was struck with the fact, that after the last two excisions she remained free from pain so long only as the resulting wounds were open and unhealed, but that directly the cicatrix was completed the pain returned; and when, upon examination of the part, I found that the skin, or rather the cicatrix, was adherent to the periosteum, and perfectly immovable, I concluded that her sufferings were due to this cause, and that they would not be alleviated until the parts were separated, and the new skin as far as possible placed in the same position as that of the surrounding integument. I, therefore, proposed that the skin should be separated from the periosteum by a subcutaneous incision, and that a reunion should be prevented by moving the skin backwards and forwards from day to day as might be deemed necessary. This was agreed to, and accordingly, assisted by Mr. Chapman, on Sept. 15th, 1857, I performed the operation with the common tenotomy knife, the part cut through being very hard, like cartilage. Mr. Chapman, who attended the case afterwards, informs me that some little inflammation followed, but that it was readily subdued; that the skin was prevented re-adhering, and that up to the present time the patient has remained in good health, and perfectly free from pain.

You will find the same treatment of service in cases of irritable and painful stump after amputation. This malady has been ascribed to various causes, as, for instance, the flaps being made too small in the flap, or the bone being left too long in the circular, operation; retraction of the muscles and soft parts; implication of the nerve in the cicatrix; undue development of the bulb at the cut extremity of the nerve; exfoliation of bone and adhesion of the cicatrix to the bone, &c., &c. Where the integuments have been cut too short, or where there has been undue retraction of the soft parts, you have what is termed a conical stump, which you cannot mistake; where also there is exfoliation of bone, you may reasonably suspect its existence from the swelling and induration of the stump, whilst there will usually be redness and an opening with pouting granulation, marking the track

to the exfoliating bone; but in other cases there is no sign of suffering for some time after the stump has healed, and, although the pain is almost unbearable, you will frequently be unable to detect anything abnormal either in the touch, colour, or quantity of soft parts. The character of the pain almost always points to implication of the nerve in some way or other, and accordingly operative surgery has been chiefly directed to this point; division of the nerve, excision of the bulb and a portion of the nerve, and secondary amputation being the plans adopted.

Excision of the bulb of the nerve, however, does not always succeed. I have done it myself in some two or three cases, but with only temporary benefit; and from what I have observed, I am inclined to believe that in many instances the suffering is not so much induced by the nerve or its bulb as by the adhesion and connexion of the cicatrix by firm, unyielding cartilaginous structure to the periosteum or bone.

You will observe in the following case that this suffering occurs even though the cicatrix is not in immediate contact with the bone, but attached to it by an intervening mass or band; whilst the skin around the point of cicatrix corresponding to this mass is puckered in, there is a total absence of subcutaneous cellular and adipose tissue,

present at other parts of the stump.

Painful Stump.—M. H., aged thirty, admitted into Charing-cross Hospital Nov. 30th, 1858. Had disease of the left knee-joint at ten years of age. At fourteen, the knee, being much swollen and very painful, was punctured, and a considerable quantity of blood escaped. but no matter. At sixteen, the catamenia first appeared; they left her for two years, and then returned, but with irregularity. At seventeen years of age she fell, and so much injured her knee that she went into the Royal Free Hospital, where the leg was amputated. The stump healed rapidly; but accidentally falling upon the floor, she hurt the stump so much that it reopened, and the bone protruded through the wound, which would not heal; the pain was intense, and subsequently about two inches of bone were removed. After this she recovered, and remained well until about four years ago, when she felt as though the limb was entire—as if the blood were rushing to every part below the amputation, accompanied with great pain in the nerves. The pain gradually increased, and ten weeks since it became more violent than ever, and was almost unbearable; so much so, indeed, that she begged me to amputate the leg higher up.

Upon her admission, on the 30th November, I carefully examined the stump, and found that the cicatrix at one point was tied down, as it were, to the end of the bone by a dense band about three-quarters of an inch long, and that any pressure upon this point increased her sufferings to a great degree. The end of the nerve, enlarged into a considerable bulb, could easily be distinguished, attached by this band to the bone also, thus accounting for the pain which she experienced in the course of the nerve. I had upon previous occasions, in other

cases discreted out there bulbs, but with so little success that I was convuiced that the sufferings could not depend so much upon them as was usually supposed; whilst the result of the case which I have just related to you led me to expect that if the creatrix were released from the bone so as to permit free movement, the patient would be relieved from pain without another amputation. Accordingly, on the 11th December, the creatrix was separated from the bone by a subcutaneous mersion, the connecting medium being so dense as to resemble cartilage. The soft parts were moved gently over the bone for a short time every day until the wound was healed and all trace of tenderness had ceased. The stump, which had previously been packered and she left the hospital, cured, on the 14th January, 1859.—Lancet, July 23, 1850, p. 79.

46.—Simple Extension in Contraction from Burns.—We lately had the opportunity of observing the treatment of a case of deformity arising from an old burn in a little boy, nine years of age, under Mr. Coote's care at St. Bartholomew's Hospital, which is worthy of notice. It is a plan in use, we believe, at the Orthopædic Hospital, and consists in the proper application of simple extension, perseveringly carried out. The boy was admitted on the 7th of April, with his lips and mouth drawn downwards from a burn in the neck when an infant. The creatrix possessed the usual characters of hardness and thickening. By suitable appliances the head and chin were kept extended, with the effect of bringing back the lower lips and jaw to their natural position, and getting rid of the extreme deformity which had hereofore existed. The mouth can now be closed.

The effect of extension is to cause the absorption of the adventitions material present in the cicatrix, and thus permit the latter not only to become soft and extended, but permanently to remain so.—

Lancet, Aug. 13, 1859, p. 162.

47.—ON THE USE OF VERATRUM VIRIDE IN SURGICAL FEVER.

By Dr. J. Y. Simpson, Professor of Medicine and Midwifery in the University of Edinburgh.

Some of our American brethren have latterly been using extensively, in febrile, inflammatory, and nervous diseases, a new and potent drug belonging to this class, viz., the veratrum viride. Its effects have been described by Dr. Osgood, Dr. Norwood, Dr. Barker, and other practitioners. They tell us that they find that by exhibiting in repeated doses a concentrated tincture of the veratrum viride, they can reduce the pulse and keep it reduced with a certainty and to a degree

which can be effected by no other drug. Dr. Barker and others have published cases where they have thus brought down the febrile pulse in a few hours from 140 beats to 80, 60, or less in the minute, and kept it at will at this lower standard. It is a drug altogether which is certainly entitled to the strong attention of European practitioners. And it is not merely an arterial sedative. It is at the same time apparently a powerful deputant, stimulating the action of the skin, kidneys, and sceretory functions generally. It has been successfully used as a depurant in acute gout and rheumatism. instead of colchicum. The veratrum vnide is an American plant ; but I think, from what I have seen, that we may fulfil the same therapentic indications with the species which is in all our European pharmaconceias-the veratrum album. As the different species of cinchonas depend for their therapeutical effects in ague, &c., upon their all containing one and the same principle, namely, quinine, so in all likelihood the different species of veratra depend for their therapeutical effects upon a principle common to all members of the genus, namely, Many of the old Greek physicians trusted often in chronic diseases, as Aretaus, Oribasius and others tell us, to a course of hellebore after they had failed in curing their patients by other plans of treatment. The researches of Dr. Adams leave little or no doubt that the white hellebore preparations of the Greeks were derived from the veratrum album. It will be curious if, in the cyclical changes to which medicine is even subject, we now turn back after 2000 years to the ancient "helleborism," or hellebore cure of Hippocrates and his successors. They had recourse to it, however, principally in chronic affections, as insanity, epilepsy, neuralgias, dropsies, &c. American practitioners have, on the contrary, been using the veratrum viride, or American hellebore, as Dr. Wood terms it, principally in acute diseases, as in pneumonia and other forms of inflammation, in puerperal and other forms of fever. Let me allude to one other drug before leaving the present indication. Chloroform when given in full doses, either by inhalation or by swallowing, depresses and brings down the rate of the pulse. In any surgical patient operated on under a complete dose of this drug, you will find the pulse sunk from 90 or 80 to 70, 60, or less. I have taken advantage of this action of chloroform in some instances of disease. The first case I used it in was the following :-- A lady, whom I saw with Dr. Scott, of Musselburgh was attacked with peritonitis after abortion. The peritonitis was so very acute and severe, and all the accompanying symptoms so very formidable, with a weak and scarcely perceptible pulse, racing above 150, that I had little or no hopes whatever of the patient surviving. At her own request, to relieve her from her great abdominal pain, she was placed under the influence of chloroform; and when so, Dr. Scott and I found the pulse sank down to 100 or less, and became stronger and We found further, that as long as the action of the chloroform continued, the pulse continued thus greatly lowered in rate, and improved in power. Hence we agreed to keep har for a time continuously under chloroform; and in consequence of the evident good results, she was returned unwards of sixty consecutive hours under its affinence. By the end of that time the great abdominal tenderness and tymeanitis were almost entirely reduced, and the patient in an infinitely more satisfactory and hopeful state than when she first breathed the chloroform. The pulse never rose again to any very high rate, and all danger was over. But you cannot obtain the same beneficial and sedative influence upon the excitement of the heart from enteroform in all patients; or to state the fact more correctly, you will find it difficult in some, and impossible in others to regulate its dose so as to keep up its continuous depressing action on the heart without sickness, vomiting, and other symptoms, coming on in such excernty as to force you to leave off its use and have recourse to other means and other indications of treatment.

Dr. Barker, in some of his interesting published observations on the veratram viride, remarks, that while it will most surely reduce the quickened pulse of inflammation and irritation, "its use is not incompatible with that of stimulants. Experience has abundantly demonstrated the truth of this apparent paradox. One patient who recovered took, every hour for two days, one ounce of brandy, and three to ten drops of the tincture of veratrum viride, the quantity of the latter being determined by the frequency of the pulse, which was never allowed to rise above 80 per minute, although it sometimes fell down to 40. In another case the veratrum viride did not seem to produce any effect on the pulse, which remained steadily above 130, until the condition of the patient was such that I decided to give brandy. After the first ounce was given, it fell to 108; after the second to 86. ('ontinuing the brandy, the veratrum viride was suspended for a few hours, and the pulse again rose to 130. After this," adds Dr. Barker. "it was curious to observe the fact that, if either agent was suspended, the pulse would rapidly increase in frequency, while under the combined influence of the two, it was kept below 80 per minute. -Med. Tenes and Gasette, May 21, 1859, p. 516.

43.—Neelle for Netallic Sutures.—[The needle below described is well adapted for employment with metallic sutures, and is moreover rample and inexpensive.]



114 SURGLEY.

It resembles in shape the ordinary sewing needle, but is flattened and grooved for about a third of its length. In the centre of the grooved portion are drilled two round boles (about a quarter of an inch apart) of sufficient bore to admit the passage of the wire intended to be used. In arming the needle, the wire is that passed through the hole at the greater distance from the point, then carried to the other, similarly inserted, and the end, which cught not to exceed the eighth of an inch in length, turned backwards, and pressed into the groove.

When threaded in this way, no portion of the wire lies above the plane of the instrument, so that no obstruction is offered to its passage through the integument, and the wound inflicted retains its

incised character.

In the ordinary sewing needle, the size and form of the eye is such that the metallic suture—which of necessity, is doubled for a short distance—is very apt to become twisted and distorted, and thus prevent

its easy application.

Two ingenious modifications have been devised by Mr. Lister, of Edinburgh, and Mr. Muriay; but, I believe the one here described—which is made by Mr. Weiss, of the Strand. and Mr. Matthews, of Portugal-street, at triling cost—will be found of general value, but especially when dealing with more than usually delicate and elastic tissues.—Lancet, June 4, 1859, p. 572.

ORGANS OF CIRCULATION.

49.—CASES OF POPLITEAL ANEURISM SUCCESSFULLY TREATED BY FLEXION OF THE KNEE-JOINT.

By ERNEST HART, Esq., Surgeon to the West London Hospital, and ALEXANDER SHAW, Esq., Surgeon to the Middlesex Hospital.

(Communicated to the Royal Medical and Chirurgical Society.)

Mr. Hart had brought the case under the notice of the Fellows of the Koyal Medical and Chirurgical Society, under the impression that they might be interested in the successful treatment of so tornaidable a disease as populated ancurism by the simple dexion of the kneejoint.

J.S., aged forty-one years, consulted him in September, 1858, having a pophical ancurism in the right ham. It was globular, of the size of a small apple, and situated at the lower and outer part of the pophical space. It had a full beat, but was not very near the surface. Placing the patient on the softs, and baring the leg in order to make a careful examination of the timour. Mr. Hart found that its pulsation was affected by the angle at which the leg was beat upon the thigh, and that when very complete flexion was effected, its thall almost wholly ceased. Concluding that in this position the course of

the blood through the tumour was greatly retarded, he conceived the hope of effecting the cure of the ancurism by the demosition of active clots, if the leg could be retained for a sufficient length of time in the bent position. After a week's preliminary rest, treatment was commenced by bandaging the leg from the foot to the knee (not covering the tumour, thoroughly flexing the leg on the thigh, and retaining it in that position by the application of a stout reller. He was a thin, wiry man, and the flexion produced no inconvenience to him at the time. He passed a better night than during the previous week, when severe pain had been present in the aneurismal sac. What pain or annoyance was complained of during the treatment was referred to the knee-cap, but it was very trifling, and "barely deserving to be called pain." The tumour was examined on the morning of the third day (about forty hours after flexion was enforced), and considerable solidification had occurred. On the fifth day, the tumour was hard and solid, and neither pulsation nor thrill could be detected. The leg was lightly attached to the thigh at a right angle. ()n the seventh day, the patient was allowed to move about, the foot being slung. (In the twelfth day, the leg was completely straightened, and the patient walked on it with ease, limping from stiffness at the kneejoint consequent upon confinement. Six weeks subsequently, the tumour was hard and firm, and much smaller. After three months. it was barely perceptible, and there was pulsation in that part of the artery. The patient was seen at various stages by the author's friends, Mr. White Cooper, Mr. Coulson, Mr. Holmes, of St. George's Hospital, Mr. Flower, of Middlesex Hospital, and Mr. Buxton Shillitoe.

The treatment by flexion in this case was perfectly and immediately successful. It was unattended with any difficulties, it offered no inconveniences, and was not followed by any other than satisfactory results. The case, however, was one particularly well suited for the essay of such a plan of treatment The patient was not stout, which renders flexion difficult; nor was he aged, which makes it painful. The tumour was of average size and of average prominence; when the knee was bent, the ancurismal sac was below the line of flexure. These he believed to be all favourable circumstances. Cure was evidently effected in this method by the retardation of the current of blood, and the consequent deposition of active clots in the sac-the only manner in which satisfactory cures could be anticipated. This result was probably effected by the combined influences of pressure on the sac by the surrounding fascial and muscular tissues, and acute flexion of the artery. In so far as it was due to pressure, it appeared to be a return to the old method of treatment by direct pressure, but was free from the inconveniences of the screw and pad, which were open to the reproach of occasioning gangrene of the skin, rupture of the sac, and other accidents. Its simplicity and its success in this case appeared to strongly recommend it for further trial. I it were

not always successful, there was not any other method free from the same objection; and there seemed reason to hope that the principle might admit of efficient application to a number of cases in which aneurismal tumours were developed opposite to the joints of the limbs.

[In the next case, communicated by Mr. Shaw, the same method of treatment pursued in the previous case was adopted.]

The patient, aged thirty, first perceived a pulsating tumour in the left ham a week before his admission into the Middlesex Hospital. It was of the size of a lemon, occupied the centre of the popliteal space; was easily compressed; the pulsation was strong, and there were other signs of its being a recent aneurism. On December 1st, the knee was secured in the bent position by a band brought round the foot and thigh, and fixed near the hip. The immediate effect of the flexion was that the patient ceased to feel the beating of the tumour, and that on inserting the oiled finger into the flexure behind the knee no pulsation could be discerned. On the fourth day, when the limb was unbound, the tumour was found to have last about a third of its original size; its walls were thicker and denser, the force of the pulsation was considerably diminished, and the sac had receded more deeply into the popliteal cavity. Gradual improvement continued to take place. Between the third and fourth week from the commencement of the treatment the sac had become greatly reduced in size; its walls appeared nearly solid, and the pulsation was so faint that it was expected at each day's visit to find it extinct. The treatment was varied by occasionally undoing the strap, which confined the knee, for several hours together; but, owing to the stiffness caused by the long continuance of the flexion, the position of the joint was not much altered by the relaxation. It was not till the thirty-eighth day that the pulsation in the tumour altogether ceased. The sac was at that time about the size of a walnut. The patient gradually recovered the power of extending the joint. On the fiftieth day he could walk with only a slight halt, and on the fifty-sixth day he was discharged. During the first ten days the patient complained of the pain, as well as the irksomeness, of keeping his knee constantly bent; and for a slight swelling of the joint a lead lotion was applied. Afterwards he made light of the inconvenience, and he never at any time asked to have the belt relaxed.

At the close of the case, the author offered a few brief remarks on the principle on which the cure was effected, and, in illustration, added the observation that, by extreme flexion of the knee-joint of a sound limb, the force of the current of blood through the popliteal artery can be weakened to such a degree as to cause stoppage of pulsation in the tibial arteries.

Mr. Fergusson culogised the papers read, and said he regarded the proceeding described by Mr. Hart as a valuable addition to the prac-

tice of surgery. He spoke of the value of pressure generally in the treatment of aneurism, and also of "manipulation" - modes of treatment which he thought would set aside, in many instances, the necessity for the knife. In the plan pursued in the cases before the Society, there might be failures, but this was no reason why we should discard the operation, but should rather encourage us to persevere to determine the real value of the proceeding. The plan was not altogether novel, for it had been tried three or four years since in King's College Hospital. One of his house-surgeons had ascertained, in a case of populteal ancurism, that when the leg was flexed upon the thigh, the pulsation in the tumour ceased. The aneurism was of the size of the fist, and was treated by pressure in the groin, and by flexare of the leg upon the thigh. This was persevered in for some time, but without benefit. The man, being impatient of treatment, left the hospital, and died of some other disease. To show the influence of position in certain cases of aneurism, he related a case of that disease in the popliteal space, in which the employment of pressure gave encouraging, but tardy, results. It was found in this case that on extending the leg to its full degree, after the employment of pressure, all pulsation in the tuniour ceased.

Mr. Birkett briefly referred to three cases of aneurism treated by pressure which had come under his notice in Guy's Hospital. In one case, ordinary pressure in the groin was applied; then pressure by flexion. Neither did good; but it must be admitted that they were not fairly tried. The femoral artery was afterwards tied, and the patient recovered. In the second case ordinary pressure was applied at first with success; but suddenly the tunour became much enlarged, the femoral was tied, and the patient did well. In the third case, the patient, a man, had an aneurism in the right popliteal space. Pressure was tried, and in fourteen days he appeared well. The tumour contracted, and felt like a small hard ball. Flexion was then resorted to, but not persevered in, and ordinary pressure was again employed. The aneurism, however, gave way, and the femoral had to be tied. The man subsequently had a small aneurism in the left popliteal space; he would not submit to flexion, so the femoral vessel was

secured.

Mr. Savory said that these cases were especially interesting and instructive in their relation to the physiology of the blood-vessels. It was familiarly known that a transverse wound of the artery gaped widely, and that when an artery was completely divided the ends retracted. Yet these important facts had seldom received more than a passing notice. They had never been explained. To what was this retraction due? The muscular tissue was in no way concerned in it, for it occurred at a long period after death, as well as during life. Notther would elasticity alone explain it. Another condition was required, and that was tension. The arteries were elastic tubes, always tense; so that, when divided, by no management of posture or

position could the retracted ends be brought into apposition. The extent of their retraction was a measure, then, not of their elasticity, but of their tension. This constant state of tension was obviously connected with their purpose; by it their patency, under every variety of movement and position, was secured. But this rule had its exceptions, and these were to be found at the knee and elbow joints. At these parts, when an artery was divided, extreme flexion would bring their ends into apposition; but in this position, and for this very reason, the course of the vessel was interrupted; the course of the blood through it was impeded; the pulse ceased in the limb beyond. Thus he conceived was explained the principles upon which the cure of aneurism by this means was accomplished. It was not due to pressure in the sense in which that term had been employed. It was due to the fact that the circulation through the artery at a short distance on the distal side of the sac was arrested; so that, as far as the principle was concerned, it would probably succeed, whatever part of the popliteal space the ancurism occupied. Now, in connexion with this interesting fact—the arrest of the current through the artery by extreme flexion of the hmb-Mr. Nunn, in some observations on the arrangement of the arteries of the limbs, recently published, had alluded to the remarkably free anastomosis which existed around these joints. They were clearly for the purpose, as he said, of compensating for the occasional interruption through the main channel. He, (Mr. Savory) added, that this plan of treatment appeared free from one grave objection to the ordinary treatment by compressionnamely, of interfering with the venous circulation. For although in extreme flexion the current through the main vein was interrupted also, yet here there was also an abundant superficial venous anastomosis around. The veins, like the arteries, were elastic, and, to say the least, were equally tense.—Lancet, May 7, 1859, p. 462.

50.—ANEURISM OF THE POPLITEAL ARTERY SUCCESS-FULLY TREATED BY FLEXION AND COMPRESSION.

By OLIVER PEMBERTON, Esq., Surgeon to the General Hospital, and Lecturer on Surgical Pathology at Sydenham College, Birmingham. [In the following case both flexion and compression were combined in the treatment. Weiss's compressor was used.]

On the 16th of May, (having made arrangements by means of relays of dressers that he should never be left for eight-and-forty-hours,) at twelve o'clock at noon, I fixed Weiss's compressor, and applied pressure by means of the lower pad to the middle third of the artery; at the same time, turning a bandage around the ankle-joint, I bent the leg as far as it would admit without occasioning pain, and fixed it firmly in this position by carrying the bandage around the pelvis.

The effect of this combination of flexion and compression was, that

the pulsation in the aneurism was reduced to a mere wave, varying from time to time, as the compressing pad was adjusted by the attendant.

Two hours after the commencement of this treatment he became very restless, and complained of a binning pain in the ancursm and down the shaft of the tibia; and, doubte the permission to smoke, it was with much difficulty he could be kept quiet. Forty drops of the solution of opum were given at five o clock with good effect.

Towards midnight, between eleven and twelve hours after the commencement of the treatment, he became much quieter, and slept frequently. The pressure exercised by the tourniquet was comparatively slight, the aneurismal tumour having become hard and perfectly free from pulsation. Not the least movement of the leg from the state of flexion had, however, been permitted. There was considerable swelling of the knee, leg, and foot, but he did not complain of much pain. It was remarkable to observe the vehement pulsation of the superficial arteries after the arrest of the circulation through the tumour, especially about the neighbourhood of the internal articular vessels. During the night, the pressure on the artery was removed. from time to time, from the lower to the upper pad; but the amount exercised was merely nominal, as it was quite evident that no blood had passed through the ancurismal tumour after the first twelve hours. A drachm of the sedative solution of opium was administered toward+ morning, to the great comfort of the patient, who was calm and placed, chatting with his watchers and smoking in the interval of his slumbers.

Throughout the day of the 17th, the same regulations were carried out, without the least deviation, and no annoyance was complained of

from the position of the knee.

On the 18th, at twelve o'clock, forty-eight hours from the commencement of the treatment, I removed the compressor, and discontinued the supervision of the diessers. I made no relaxation whatever in the flexion of the knee. There was considerable swelling of the extremity, but no diminution in warmth. I had it carefully wrapped in cotton wool, and warmly covered up with flamic! There was good pulsation in the malleolar vessels, and not the least pulsation to be detected in the aneurism, or bruit along the conice of the femoral artery. The articular vessels pulsated strongly.

On the 19th, the flexed position was slightly relaxed, and the

entue hurb rolled with flamel.

24th. Further liberty was allowed. The tumour has lost its lateral bulk, and begins to contract. The swelling of the leg is subsiding.

28th. Contraction going on in the anemism. The bandage between the ankle and pelvis still more relaxed, so as to permit of the limb being straightened to the fullest extent the patient desired, without occasioning a sense of pain.

June 8th. All bandages continued the limb were removed. The

aneurismal tumour was firmly strapped with adhesive plaster and the entire limb accurately rolled.

20th He was permitted to get about on crutches. The heel of the affected limb cannot touch the ground to bear weight, but he gets about very fairly, and is entirely free from pain.

In the course of the next ten days, much of the stiffness disappeared and he soon discarded his crutches, the limb having regained its straight condition, though somewhat larger than its fellow.

Aug 15th. The patient has been retained in hospital during the last two months, simply for the purpose of watching the gradual dispersion of the aneurismal sac. He walks with ease, and has no stiffness whatever in the knee-joint.

Viewing the contour of the popliteal spaces from behind, the remains of the sac are plainly marked,; its prominence contrasting strongly with the absence of a corresponding swelling in the parallel healthy space, so clearly defined by those slender, delicate, and distinct muscles peculiar to this race of people. It now occupies pretty much the centre of the space extending, perhaps, somewhat more on the outer than on the inner side. It is very firm and hard, and measures in either diameter, even now, some three inches, so that a good idea can be formed of the once formidable dimensions of the disease.

16th. Professor Syme, on his way through Birmingham to Edinburgh, whilst visiting the hospital with me, examined the remains of the aneurism, and expressed himself as thoroughly satisfied with the solidity of that which yet constituted the sac, and at the same time conveyed to me his approval of the mode of treatment by flexion that had been adopted in the present instance.

For a long time past I have been in the habit of applying flexion

For a long time past I have been in the habit of applying flexion and pressure in combination in cases of wounds of the palmar arteries. The wound of the vessel has been compressed by a firm roller; the fingers have been land over this in the flexed position, and maintained there, the hand has been flexed on the forearm; the forearm on the upper arm; movement of the entire extremity has been further rendered impossible by the application of a roller from wrist to shoulder; and the consequence has been, that the happiest results have followed the treatment adopted

It was this experience that led me to adopt the union of the two methods in the case above narrated. I had not then read the cases as communicated by Wi Einest Hart and Mi. Alexander Shaw to the Royal Medical and Chinurgical Society and published in the Lancet of May 7th, 1859, in which these gentlemen had succeeded in effecting a cure of two cases of populated anemism by the treatment of continued fix non alone. Had I done so, I should have felt inclined to have resorted to flexion, unaided by the assistance of the compressor. As it is, I think that the case is the first so far as I am aware, in which the combination has been made use of from the first; and the

success which has attended its adoption has been such as to lead me to the conclusion—that we may possess in it a means of treatment worthy of attentive consideration. I consider, however, that to flexion was the cure mainly due to this instance as the use of the compressor was little more than an adjunct—at hand, to be called for in case of necessity arising. This conclusion is justified when it is considered that the pad of the compressor was never applied with severity, and that the amount of pressure exercised by it at first was decreased, instead of being gradually increased in order to control the circulation through the aneurism.

If we review the state of the tinnour during the twelve hours from the commencement of the treatment, I think this conclusion will become inevitable. From the first, absolute flexion was established, compression was but partial. The circulation was reduced to a mere wave, which disappeared and never reappeared after the first eleven hours. The compression was never, during the whole of this period, or subsequently, changed in its character, whilst the flexion was maintained unaltered in the least degree for the first three days,

and then only slightly relaxed for the ensuing five.

In the case narrated by Mr Ernest Hart, the pulsation terminated on the fifth day. In Mr. Shaw's case, it was not until the thirty-eighth day that the pulsation in the tumour altogether ceased. In neither of these cases was the aneurism half as large as in the case I have described, and yet there was no pulsation after the first eleven hours. The continued flexion of the knee did not appear to cause suffering, but there was considerable difficulty in recovering the straight position of the limb, which is not to be wondered at, when it is considered that for twenty days it was more or less retained in the flexed position. In a smaller aneurism, so long a maintenance of this position need not be called for; but in one of dimensions so considerable as this, there cannot be too great a care exercised to secure the solidity of the contents of the sac until their permanent removal becomes no longer a question of any auxiety or doubt.

I do not think that the position of the aneurismal tumour in the upper or lower course of the populated artery will be likely to affect this treatment by flexion. Extreme flexion will, in either case, arrest the circulation with equal safety, as the anastomosis of vessels is quite as abundant above as below the knee, indeed, we may attribute much of the success which attends the cure of populated aneurism to the varied character of the communications established, in the case of the obliteration of that trunk, between the attendar vessels and the mus-

cular afteries in both thigh and leg.

An unfortunate issue, in one respect, to the reputation of this treatment has occurred in the practice of Mr. Moore, of the Middlesex Flospital. A large anemism of the populical artery—but not a larger one, judging from the description than the one I have recorded—after having been submitted to incomplete flexure, as well as presented.

sure, for about twelve days, burst through the ligamentum posticum into the knee-joint. Happily, this serious complication did not prevent the patient's recovery, for the artery was tied, the aneurism was cured, and the knee-joint recovered its usefulness. The opening in the artery was here supposed to have been situated on its anterior aspect, or that immediately contiguous to the ligament, so that extreme flexion would have a tendency to relax the artery behind the aneurismal tumour, in opposition to stretching it over where the opening might be situated posteriorly. In such a case, it is inferred that the treatment by flexion would not be indicated. That there will be cases of poplitcal aneurism which neither pressure nor flexion, nor the two in combination, will cure, every one will admit; but supposing we were able to discriminate the situation with any degree of accuracy of the primary opening in the artery, must not, after all, the favourable issue of the case depend entirely on the ability possessed by the treatment applied to absolutely, sooner or later, restrain the current of blood flowing through the aneurismal tumour ? Mr. Moore's patient seems never to have borne either flexion or compression with any degree of satisfaction either to himself or his attendant; on the contrary, the disease went on increasing rapidly, so as to necessitate the operation at length so successfully carried out.

This mode of treatment by flexion may not be so likely to succeed in mature subjects as in young adults; and, unquestionably, the flexibility of the nuscles and joints in all must be a first consideration in its selection, as we are not likely to meet with materials so elastic to work on in the frames of even our English labourers as those possessed by my lithesome Asiatic, whose powers of genuflexion so eminently contributed to his cure. It is also not unworthy of remark that the continued indulgence in smoking, combined with the administration of powerful doses of opium, appear to have contributed not a little to the favourable issue in this instance.—Lancet, Sept. 3, 1859, p. 232.

^{51.—}Hemorrhage from the Superficial Palmar Arch: Cure by Flexion of the Foreurm. (Under the Care of H. C. Johnson, Esq., Surgeon to St. George's Hospital.)—A short time ago, a paper was read at the Royal Medical and Chirurgical Society by a pupil of the London Hospital, in which the very simple plan of controlling hemorrhage from the vessels of the palm by flexing the forearm, so as to make pressure upon the brachial artery in the bend of the elbow, was advocated, and a successful instance of its adoption was recorded. This plan, although not uniformly successful, is so easy, and interferes so little with other means that may be adopted, that it deserves to be widely known, especially as the accident is so common, and frequently occurs in country practice, where few resources are at hand. We therefore have much pleasure in citing the following instance of its success.

Thomas Cross, butler, was admitted on Aug 1st with a punctured wound on the palmar surface of the right hand, just over the region of the superficial palmar arch. At the time of admission, there was free hemorrhage from the wound; but this was restrained by pressure on the radial artery. The hemorrhage censed after the radial artery had been compressed for a short time, but, on removing a clot which had formed in the wound, the bleeding again commenced with great viscour.

The history was this. The man was packing some wine, and one of the bottles broke, and a piece of glass entered the hand at the spot above named. On finding the hemorrhage recur, Mr. Vining determined to the the ends of the bleeding vessel: but, just as he was about to do so, Mr. Johnson came into the ward, and advised him to try flexion of the arm, leaving orders that, if the bleeding commenced again, he was to cut down and tie the vessel. The forearm was flexed upon the arm, and a small pad of dry lint was put upon the wound, with very slight pressure. The pulsation in the radial artery was much diminished, but not stopped. In the evening the patient complained much of the discomfort of keeping the arm in one position. This was altered a little, but the arm was still kept flexed.

Aug. 2nd. There has been scarcely any bleeding since the arm has been flexed. He complains of a good deal of pain in the hand to-day, and also of numbress in the fingers; and he also complains of some pain in a lacerated wound of the arm, which he received at the same time.

Aug. 3rd. No more bleeding has occurred. The arm is still kept flexed.

Aug. 4th. The pad of lint was removed from the wound to-day, which has almost entirely healed by the first intention.

Aug. 6th. All pressure was taken off to-day, except that the forearm was still flexed, in order to raise the hand.

Aug. 9th. He complains of pain over the wound to-day, when pressure is made; and the pain also extends up the fingers. This probably depends upon some injury to the nerve. The wound, as far as any chance of hemorrhage is concerned, may be reported cured.—Best. Med. Journal, Aug. 20, 1859, p. 665.

52—Dr. Warren's Styptic in Internal Hemorrhages.—Dr. Cook reported to the King's County Medical Society that he had used the styptic recommended by Dr. Warren of New York, in almost every variety of hemorrhage, and has hardly known it fail in hemorphysis or uterine hemorrhage. It consists of sulphuric acid. 3v.; spt. turpentine, alcohol, ää 51j. The turpentine is slowly mixed with the acid, and, the alcohol having then been added, the mixture is put into a stoppered phial. The dose is 40 drops rubbed up with sugar, and given in a teacupful of water, a second dose being given one hour after the first, and a third two hours after the second.—Med. Times and Ga.ette, Oct. 1, 1859, p. 342.

ALIMENTARY CANAL.

53.—ON THE RADICAL CURE OF HERNIA:
WITH AN ACCOUNT OF AN IMPROVED INSTRUMENT, AND NOTES OF
FORTY CASES.

By Redfern Davies, Esq., Surgeon to the Birmingham Workhouse Infirmary.

[In cases of scrotal and femoral hernia, where the rings are very large and relaxed, the operation (Wützer's instrument being used) is sometimes unsuccessful, and has to be repeated. The cause of failure is not any defect in the theory of Wützer's method, but to a defect in his instrument. The author suggests the accompanying mechanical improvements.

Upon examining a case of scrotal rupture in which the operation for the radical cure has failed (supposing, of course, that it has been properly managed, together with the proper after-treatment), the rings and canal will be found to be obliterated probably for some three-fourths of its extent, or there may only remain an aperture which will with difficulty admit a crowquill; and thus, though the patient may be greatly benefitted, and with the aid of a truss resume his duties, a radical cure has not been effected.

That portion of the canal and rings which have been blocked up is invariably that which is nearest the abdominal walls. "The gut slips down behind the plug" are the terms in which both surgeons and patients express the mishap which has occurred, and the reasons for

this. I believe are as follows:-

The anterior or superior layer of the invaginated integument is subjected to not only the pressure of the wooden plug to keep it in apposition with the opposed surface of the rings and canal, but also to the direct pressure of the compressor. The compressor exerts its influence exclusively upon the parts included between it and the upper surface of the said wooden plug, and in no wise affects the posterior parts, viz.. the posterior layer of invaginated integument and posterior surface of canal and ring, whose only chance of being kept in apposition depends upon the accuracy with which the plug fits the canal, &c., as a whole.

The floor of the canal, &c., especially where the tissues are lax, as generally occurs in cases of old and large ruptures, does not present in the same manner an opposing resistance to the wooden plug as does the compressor, and thus should the two former be not very accurately adapted the one to the other, adhesion cannot even be expected to occur.

The mouth, or internal opening of the canal, is funnel-shaped; with the posterior surface the more sloped. Consequently, if there be any weak point, it will be there, and it is sure to receive all the shocks of

the gut during the process of cure.

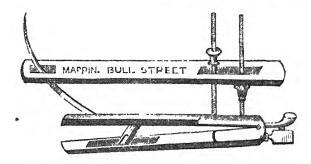
Besides it is evident that a cylinder, even closely applied to the rest of the extent of the canal, cannot fill up its funnel-shaped mouth; but must leave an interspace, which will be on the posterior surface.

And, again, it is not always practicable to introduce to a sufficient extent a solid plug, which would best fit the internal ring, by reason of the resistance of the other structures to its passage, busides entailing an endless variety of such plugs.

By the adoption, however, of the principle I now propose, viz. a plug, whose lower half is capable of expanding, these difficulties are

severally overcome.

A glance at the diagram will render its application at once evident: it will be seen that by turning the handle and thus causing the lower half of the plug to expand, that the pressure upon the parts included between the upper portion of the plug and the compressor, is left in exactly the same condition and relations as is the usual instrument,



but that a force is exerted upon the posterior portions of the invaginated integument, canal and rings, which it gently, but firmly, retains

in complete apposition one with the other.

By reason of the greatest point in its expansion being at the extremity of the instrument, and gradually tapering, two objects are accomplished; first, the funnel-shaped mouth, and the internal opening, is filled with a plug, whose sides are inclined towards its own—the invaginated integument being, as it were, modelled upon it; and, secondly, the rest of the canal is at the same time subjected to no undue pressure.

The principle adopted by Mr. Spencer Wells is likewise made available, viz. having the transverse diameter of the instrument very much greater than the antero-posterior, whereby the shape of the ring is altered, it being converted into a mere chink, and thus affording an additional security against descent of the gut; and so leaving as

1.30 SURGERY

small as possible an amount of space between the opposed surfaces of the dougt de gant to till up when the instrument is removed. A thin India-rubber finger stall caps the end of the instrument, preventing any soft parts getting between the blades

[The author then gives a table of forty cases, (not including his more recent ones) Of these thirty-seven were cuied, five requiring the operation to be repeated. Only two were complete failures and of these one was owing to supervention of small pox.]—Med. Times and Gazette, Aug. 6, 1859, p. 128

51—MR. WOOD'S OPERATION FOR THE RADICAL CURE OF HERNIA

[The patient was a young man, aged 20 The herma was scrotal, on the left side, and of moderate size]

The operation was conducted as follows

The hair having been previously shaved from the left side of the pubes and scrotum, the patient was placed under the influence of An incision about half-an-inch in length was then made chloroform through the skin of the scrotum, 11 inches below the pubic spine over the cord, by means of a small tenotomy knife. The skin was then separate I from the subjacent fascia, for about an inch around the incision—sufficiently far to enable the fascia to be invaginated without any of the skin-then the fiscia was cirried up before the forefinger of the left hand into the inguinal canal, where all the different structures can be distinctly felt. The arched border of the in ternal oblique muscle was then felt for, and the finger carried behind it upwards and towards the linea alba, then a strong cuived needle, about 4 inches in length, and fixed firmly into a handle, was passed along the inner surface of the finger with the concavity directed forwards-this was made to perforate the conjoined tendon close to the The skin was now drawn upwards and towards the internal ring mesial line, so as to bring the external puncture nearer to the point where the second thread has to be passed, and the needle was then pushed through the integument and threaded The needle was next withdrawn, leaving one end of the thread hanging out of the puncture. The finger was then carried behind the external pillar of the ring, the spermatic cord felt for, and pushed backwards and downwards, the needle was guided by the finger behind the external pillar, and made to perforate Poupart's ligament, and then to appear externally at the upper puncture by moving the skin towards the point, a loop of thread was left there, and the needle withdrawn. The finger was again passed behind the internal pillar, and the needle again made to perforate the internal pillar, the conjoined tendon and triangular ligament half an-inch above the pubis. The point was brought out at the same aperture in the skin, and then withdrawn leaving the end of the thread externally. The two ends of the thread which passed through the conjunct to indin were brought over towards the external pillar, and the Lop which passed through Poupart's hamont brought over to the opposite side. A loxwood pad cylindreal three inches long by finch in diameter, was placed over the external ring in the direction of its long axis and the crossed threads were tied over the pad. The effect of this was to bring the two pillars and the sides of the canal into apposition, as might be distinctly felt by passing the finger into the opening first made. Lint, a stort pad, and a specia bandings were applied, and the patient was removed to bed

The effects of this operation are by approximating the sides of the canal in its whole length, to obliterate the portion which transmits the bowel. The ligatures and pressure which are applied are sufficient to excite inflammation enough to chese the canal so that the bernes After some days varmocele often appears in the cond. on account of the pressure to which it is subjected from the thickenang of the structures. This is considered a favourable sign, as showing sufficient action to be set up , it generally subsides in a few days. Mr Wood has operated on nine cases all of which have been successful The first (fifteen months ago) had a severe attack of bronchitis a few days after the operation but the horning did not come down in spite of the cough and the rationt now does heavy work without trues Another patient 1 11 at different times wern thuty trusses, had had the herma three times strangulated, he had also been operated upon for radical cure by Watzer's method but the hermahad come down again shortly after the operation Mr Wood lately performed his operation on him on board the Dreadhought and he is now perfectly cared. As a proof of the care, he had sent his son to Mr Wood to be operated on in the same manner In one of the last cases the patient (who showed himself to-day at the orerating theatre) was out of bed in a fortnight, and discharged cured in three weeks. Yesterday he sent in great alarm for Mr Wood, as he thought the herma had come down Mr Wood went directly to him, and found that it was a varicoccle caused by pressure of the contracting strictures on the cord, as occurred in the first case operated on is considered to be rather an advantage, as indicating a sufficient amount of pressure in the canal

In some clinical remarks made after the conclusion of the operation, Mr. Wood stated he considered his method of procedure to possess the following advantages over that of Wutzer—In Wutzers, the skin and subjacent tissues are invaginated and kept in their place by a plug in the canal, and a needle passed through the sac and integuments, very little action is set up, and when the plug is withdrawn, the elasticity of the skin draws down the invaginated portion by degrees as the adhesions are not sufficiently extensive or strong enough to hold it. The consequence is, that the rupture retuins, or else, as

the upper portion of the sac only is subjected to pressure by the instrument, if adhesion is obtained it is only in the upper part; and the lower and posterior part, which is the weakest, is subject to the pressure from within as soon as the plug is withdrawn, and a fresh hernia forms in the posterior fold of the invaginated sac. We believe, however, that this only occurs to inexperienced operators. In Mr. Wood's operation, the fascia only is invaginated, and the skin does not tend to pull it back again, as it is dissected from it. Moreover, the lower wound almost always heals by first intention. and so the skin even helps to keep the fascia in its place, as it adheres to it lower than formerly. The ring also, instead of being further dilated by the invaginated skin and plug, is really restored to its normal dimensions or even lessened, and so prevents the herma from returning. In Wützer's the instrument has to be worn some two or three months. In Mr. Wood's the ligatures and pad are generally removed on the third or fourth day. The old sailor who has been subjected to both operations, says that Wützer's was far more painful than the other; and it will be seen that it takes a longer time to complete the cure. Again, Mr. Wood's is applicable to all cases of hernia, large and small, direct and oblique, which is not the case with Wützer's.—Med. Times and Guzette, June 25, 1859, p. 652.

55.—ON THE FORMATION OF AN ARTIFICIAL ANUS.

By Dr. C. Th. Meier, Physician to the Bellevue Hospital, N. Y. In the former mode of operating in these cases, viz., dissecting down to the intestine and the insimply making an incision into it, the feecal matter always comes in contact with the surrounding tissues and produces irritation and fatal consequences, or the wound in the intestine contracts, and requires constant dilatation. In 1835, Amussat first recommended that the intestine should be brought down to the perineum, opened, and after the discharge of the meconium, that the mucous membrane of the intestine should be attached to the borders of the perineal incision by means of interrupted sutures. The writer then recommends the following mode of operating in these cases, which we give in detail.

After the introduction of a small silver catheter, to be kept in the bladder as a guide during the operation, and, in female infants, of a good-sized probe in the vagina, a sufficiently long longitudinal incision is to be made in the median line of the perineum, beginning at the posterior portion of the scriotum; or, in female infants, behind the posterior commissure, and terminating at the os coccygis. Then the incision is to be continued through the cellular tissue and the perineal muscles. The pelvic fascia is then incised; the finger and the handle of the scalpel will then be sufficient to clear the way along the os

sacrum to the promontory. If the cal-de-sur is not decovered at its normal situation in the concavity of the os sacique, we are then able to carry the finger in every direction, for the purpose of exploring the whole pelvis, and, aided by the catheter and pressure over the abdomen, to discover with certainty the fluctuation of the lower portion of the intestine, if it should happen that it is signified at some point of the anterior or any other portion of the pelvis, provided it has entered the priving at all. Should there still exist in the mind of the surgion a doubt in regard to the fluctuation, the exploring trovar can be used. Being assured that he has discovered the rid-design of the lower pertion of the intestine, he begins to disengege it from collular adhesions, mostly by means of his fingers, if it is both up; or Le can use a pair of scissors or a scalpel, if it is not very distant. This being accounplished, he inserts two fine double books in the intestine, and draws at, or that portion of it that yields casiest, gradually down, separates it again from cellular or fibrous adhesions, if necessary, until the intestine appears at the perineal wound; taking care to make the traction more on the parterior than anterior wall of the end-de-sic. An incision of about three-fourths of an inch is then made in the intestine, between the two little hooks, the meconium is permitted to to escape, and the mucous membrane of the intestine is attached very accurately, by a sufficient number of interrupted sutures, to the perineal wound, in such a manner that the feed matter cannot come in contact with the surface of the perincal wound, and prevent usuon by first intention. The remaining portion of the permeal wound is also to be united by a sufficient number of sutures.

These are, in general, the leading features of the operation which I would recommend in cases of imperforate and of new-born children.

[In an after part of the paper the author continues:]

As the surgeon can in most cases find the end of the rectum in the pelvis, he has only to explore the pelvis carefully, and after discovering it, to endeavour to establish the axis at its normal situation, since any other method for an artificial axis in the abdominal or lumbar regions is attended with too many dangers, and must be considered justifiable as a last resource only, under two circumstances:

1. Where it is impossible to carry the intestine downward through the pelvis, on account of too strong adiacions, the separations of which would be injurious to the neighbouring organs, and fatal in its consequences.

2. Where the rectum or the termination of the intestines cannot

be discovered in the pelvic cavity.

These conditions of the intestine being the exception in most of the cases of imperforate anus, the surgeon should exert all his skill and perseverance to establish the artificial anus at its natural situation,—American Med. Monthly, June, 1859, p. 414.

134 BORGERT

56—Hemorrhoids and Prolapsus of the Rectum then Treatment by the App reution of Native Acid. By Henry Smith, Esq. Suigeon to the Westminster Dispensity—[Mi H Smith advocates the practice of employing introduced in prolapse of the rectum. As indicating his opinion on this point, we may more the final paragraph of his treatise.]

It is not necessary for me to relate more cases, as those detailed show that prohapsus of the rectum may as well as internal hemorrhoids be cared without any other operation than the judicious employment of intric acid. It is quite surprising to see the extraordinary comfort which one or two applications of this agent will give to patients who have been suffering years of interny. It will superised the use of those atrocious pessaries and supports which patients every now and their bring out of their packets to show us, and which independently of being very injurious from the dilatation of the gut caused by them, are excessively nisty things, and chiefly calculated to amost old women and hypochondriacal men who have nothing else to do but to attend to the state of their bowels—Lancet, July 23, 1859, p. 90

57—CASES OF PROLAPSUS ANI AND HEMORRHOIDS TREATED BY THE ECRASEUR.

By Redfern Davies, Esq , Surgeon to the Birmingham Workhouse Infilmary

W B, aged 54, by occupation a poiter, of pale and exsanging countenance, but otherwise in good condition, has been the subject of prolapsus am for the list five years, no cause known for it. He was treated about two years ago by an eminent surgeon with the intric and plan, which only relieved him, however, for a short time, the gut descending again as bad as ever

Present State—Upon an examination (shortly after passing his stool), there is seen to be a prolapse of the mucous membrane of the rectum to the extent of about a hen's egg in size. It is composed of three principal lobules, and is of a dark purplish coloni, returnable with a little trouble—now facilitated by his having lain in bed for a a few days, on introducing the finger into the anus the capacity is found to be indicated in size. The vessels going to the prolapsus are much increased in magnitude some two or three of them presenting to the finger a bariel nearly equal to that of the radial artery. (This fact was particularly pointed out at the time of operation.) He states that the prolapse is usually down, the least excition, as of walking a few yards, sufficing to cause its descent, that he is in constant pain and miscry from it, and that deficuation is always attended with the loss of a variable quantity of blood, and at other times an effensive ichorous discharge.

May 18 The patient well under chloroform administered by M. Jauncey) The nucous membrane of the rectum constituting the prolapse was dragged down by double pronged books and the whole of it removed with the aid of the ecraseur devised by M. Chassagna. About a teaspoonful of dark blood was lost, clinely the contents of the prolapse, which were partially squeezed out A compress and T bandage applied, to take two grains of opium.

Vespece—Peels confortable, and passes flatus—Repeat opium.

20th Has gone on well. Bandage removed. An injection of warm water given which produced a copious evacuation, causing no pain, and accompanied by no blood, save a few dark clots about the

size of peas Continue the opium-gr ij daily.

22nd Bowels again opened by injection. No pain-no blood, is

up and about the ward.

June 25th. He states that there has been no descent of bowel since the operation, and that his stools, of natural calibre, pass without any pain, blood, or difficulty. He is daily increasing in strength and flesh.

A. M aged 53, has been the subject of piles for the last three years, during eighteen months of which time she has been confined to her bed almost continually walking or even sitting being attended with much pain and discomfort. Defection is always accompanied with great suffering and a variable loss of blood. Her general appearance is that of a person in a state of great debility from constant hemographied. During the last three months, nitric acid has been freely applied to those piles within the anns, by means of the usual anal speculum. On those occasions its application was both at the time, and subsequently attended with much pain, without being followed by any amelioration of symptoms whatever.

May 25th. The patient well under chloroform (administered by Mr. Jauncey). Five large hemorrhoidal clusters were drawn down, and the chain of the ceraseur having been adjusted at their base, they were removed, with the loss of not more than half-a-teaspoonful

of dark blood.

A compress and T bandage To take gr. ij. opin

In about half-an-hour after operation, she suddenly got out of bed, intending to make water, and the straining so to do caused her to lose about half-an-ounce of blood and she became faint.

The same treatment as above was adopted.

Save this trifling accident she has progressed very favourably, and is now able to walk about the garden without discomfort, and has

neither pain nor loss of blood in passing her stool

Remarks—The chief point worthy of notice in these two cases is the demonstration of the great and plactical value of the corascur in these affections. In both instances a speedy and safe cure has been effected and that after the intric acid plan has failed.—Med. Temes and auctic, July 9, 1859, p. 31

58.—Prolapsus Ani. By Dr. Thomas Woods, Parsonstown Workhouse Infirmary.—Biddy Grattan, aged six years, suffering from prolapsus ani for nearly two years. The prolapsed part cannot be returned; it is about three inches in length, and the size of a lemon. The mucous membrane lining the tumour is congested. The child is emaciated and cadaverous. A large abscess is forming on the

thigh. There is occasional diarrhoea, and no appetite.

The prolapsed rectum was rubbed over with nitrate of silver in substance. The protruded part became smaller, and the nurse was able to return it, but after a few hours it came down again. Strong nitric acid was then applied, by drawing a glass rod, dipped in the acid over the protruded bowel, a quarter of an inch wide on each side. The bowel was then returned, but it prolapsed the next day. The application of the nitric acid was repeated, a little more liberally; the bowel was returned, and remained so for two days. The child got meat and ate it. When the bowel protruded, it could be seen that where the nitric acid was applied the mucous membrane was removed. The nitric acid was again applied, the bowel returned, and it did not again come down. The acid was put on the prolapsed bowel by drawing it in the way first mentioned four times in the week; and the child perfectly recovered. The abscess which was forming on the thigh disappeared by absorption; and in about two weeks after, the bowel remained permanently up. The child-who for the last two years was a most miserable-looking object, emaciated, suffering, and constantly confined to bed, with a poultice to the prolapsed rectumgained a healthy and cheerful look, and became the fattest pauper in the house, with good use of her limbs. The cure is permanent.— Dublin Quarterly Journal, August 1859, p. 18.

^{59 -} Fissure of the Anus. One of the most painful affections situated in the neighbourhood of the anus, is a fissure alongside of the sphincter. When examined, scarcely any lesion is to be detected; but on rendering the structures tense, a very small slit with reddened margins may be observed, and from which there may be a little secretion. This apparently trifling malady occasionally causes the most intense agony. Latterly, several examples have come under Mr. Hancock's care at the Charing-cross Hospital, which have been effectually cured by the division of a few of the muscular fibres of the sphincter at the situation of the fissure. It is unnecessary to divide the entire sphincter in the treatment of this affection, and it is now seldom resorted to. On the 2nd instant, this operation was repeated by Mr. Hancock on a woman twenty-seven years of age, whose sufferings have been very great for nearly twelve months, from the presence of a fissure of the kind mentioned. On passing her motions, the sensation was compared to that of a knife running through her. When we saw her on the 7th, five days after the operation, she expressed her-

relf as completely relieved, all pain had some her insulfit and some rally improved, and she was beginning to assume a chariful aspect. Patients with a fissure of the anus have a careworn and anxious expression of countenance, more so than is observed in fistula of the bowel, but it quiedly disappears when surgical relief has been obtained.—Lancet, July 16, 1850, p. 61.

60 - Double Fistule on And treated by a Strage Diesmon of the Sphere to r .- Although at first right at may seem to be a tribing matter, whether one or more divisions of the submeter and muscle be made in cases of complicated fixtula about the rang, in reality considetable capartance should be attached to it if the fature confort of the patient is considered. There can be no doubt whatever, as we heard Mr. Fergusson remark, at King's College Hespital, on the 2nd metant, that if there are two or more divisions of the sphineter muscle, subsequent union does not permit of such an amount of emitted over its functions as when only one is made. Heighware of the truth of this from experience, he treated the case of a vonny woman, who had what might be called a double fistula, in the following manner --Three years ago she had an abscess in the perincoun, which burst externally at the margin of the anns, probably a second formed, which also burst externally, but the two cavities merged into one aperture, on examination, was found not to communicate with the rectum, and was, therefore, what is called, in surgical language, or Wind external fistula, with a double opening. Instead of running a bistoury through the sphincter in two places, as we have seen done by some surgeons, Mr. Fergusson divided the skin between the fistulæ, and laid open the cavity to which they were the outlets. He then cut through the sphincter nearest the upper fistulous opening, as the usual manner, and the wound was carefully dressed from the bottom. Thus, by a very simple proceeding, the case was converted into one of ordinary fistula in ano.

The practical surgeon will at once recognise the benefits to be derived from an avoidance of multiple divisions through the sphineter ani.—Lancet, July 16, 1859, p. 61.

61.—ON THE TREATMENT OF SINUS BY THE INJECTION OF IODINE, PARTICULARLY FISTULA IN ANO.

By Dr. Thomas Skinner, Liverpool.

[In 1830 Lugol first proposed the use of radine injections in the treatment of various affections, as scrofulous abscess, sinuses connected with disease of the hip and other joints, and caries of the bones. Subsequently Dr. Clay, of Manchester, recommended it in fistula in ano.]

During the month of Nov. 1856, I was indiated into the practice by my esteemed master, Professor Simpson. The first case Linjected 138 SURGERY.

was one of fistula in ano, and it is referred to by Dr. Simpson in the Medical Times and Gazette of 16th April last. The patient came from the north of Ireland, and had suffered for many years from the By Dr. Simpson's direction, I attempted to inject the fistula; but from the extreme smallness of the orifice, I failed to do it justice. On informing him of this, he suggested the nozzle to the syringe represented in the accompanying woodcut, which I will describe immediately. The patient being again prepared by an aperient and an enema, I injected the fistula, and this time I caused the injection to appear at the internal or rectal orifice. The strength I then used was two drachms to an ounce of spirit (No. 3, as opposite), and the quantity I injected was under thirty minims. There was scarcely any pain complained of, and in three days the fistula was entirely and permanently cured. Within a week of the operation, it withstood the powerful test of the hydraulic pressure of one pint of tepid water injected into the rectum, not one drop of which passed through, or in the slightest degree distended the cicatrised cutaneous orifice of the fistula. This case was seen again three months afterwards, and there was no sign of the disease beyond the sunk cutaneous cicatrix; and some months after that, Dr. Simpson received information that the patient was in the enjoyment of the best health and spirits, the old enemy being perfectly quiescent. I have taken the liberty of detailing this case of Professor Simpson's, as it was my first attempt at the practice; and I do so with less hesitation, as he has already associated my name with it. I have permanently cured other three cases in the female, one of which is fully detailed at page 499 of the British Medical Journal for 1859, and which is especially interesting, as showing, that fistula in ano may be an efficient cause of sterility. It also shows, that a formidable fistula with three cutaneous sinuses and apertures communicating by fistula with an ulcer in the rectum, may be cured with little or no inconvenience and without any danger, in the short space of three days. The means adopted were a simple longitudinal incision through the mucous membrane including the ulcer, and a single injection with tincture of iodine through the fistula. The details of the other cases would only occupy unnecessary space; so I will content myself with offering a few practical observations.

Practical Remarks.—Dr. Clay took three weeks to effect a cure in his case; I suspect this was owing to the weakness of the tincture he used, and the plan he adopted. He injected the fistula every day for the first three days, and then every other day for the next twelve; in all, nine injections or dressings. Now, I cannot but think that this does harm, as it tears up the adhesions of the previous day, and leaves little chance of consolidation. Dr. Clay says: "The tincture could not be detected in the rectum after the second injection." (Medical Gazette, Sept., 1843.) I am inclined to believe that, if the injections had then been discontinued, the treatment would not have extended

to three weeks. We must remoraler that the force of an tydraulic instrument, like a syrmic is very most two stream is a most mean mating and powerful wedge, particularly when the base of the most of

is very time.

M. Beinet and Dr. Clay moset one or two tesses enfuls of their tinctures. I have never used more than thirty maintain of any of my own, and I have often succeeded with less. M. Beinet use a "knot bed canala," which is objectionable, arises the other is challed by recommends a farter to be placed on the internal opinion; in the rectum, and the injection to be retained for five or an enuntry. But, in my opinion, the finite or the internal ordice will not prevent the injection from passing into the rectum; and if the injection is strong enough, retent in of it is unnecessary.

Preparations and their Stringths—In regard to the strength in the solution for injection, it varies with each observer. M. Lagota

solutions are as follow --

	No. 1.		3.417 W.		NO 33
fedine	 gr. n	***	gr. 111		gr. 18
Indide of potassium	gr. v		EF. VI		Mr. Veil
Distilled water	 lts 1	,	16 1	,	1), 1

These were intended for injecting the fistulous tracks leading to sairous joints; and, although these strengths are said to be attended with danger, "can-ing occar anally into use inflormation and sloushing of the soft parts" (Mannal of Therapenties, Waring, sect. 146 i), yet, 4 am certain they will be found almost mert in fistula in ano. I rather incline to think, that the damage done to the soft parts by such in jections is owing to the injury first done to the diseased joint. M Lugol used No. 2 in fistulæ connected with morbids covercists.

Dr. Clay used the ordinary official thicture of the Pharmacopress, full strength, which is very good for some cases, but it rarely succeeds by one injection, so far as fistula in and is concerned.

the title tribeconstitute and ray may appreciate the country and appreciations.

M. Bomet's injection solutions are of two strengths ---

				No. 1.	No. 2	
Iodina	***	***	***	1388	.31	
Indide of p	utrasiu	223	***	gr. xv	KI KV	
Distilled w	ater	* # 4		34	758	

I object to the indide of potassium and water. I believe that the less there is of water, and the purer the indine, the greater certainty there is of success. I use three strengths, as follow.—

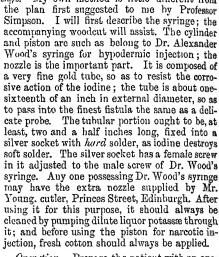
The subhuric ether is added simply as a quick solvent instead of iodide of potassium. I find that a tincture composed purely of sulphuric other and iodine is best, but it will not keep at the same strength for one day. I have, in consequence, lately been in the

habit of extemporising such tinctures at the moment, for various purposes to which I apply them. They are as follow:—

No. 1. No. 2. No. 3. Iodine gr. iiiss ... gr. viiss ... gr. xv Sulphuric ether ... Zi ... Zi ... Zi

In preparing these tinctures, the following facts must be borne in mind. The iodine should be dry and resublimed. The ether should not be of less specific gravity than '750; of density '725 it is useless, as it cannot be drawn into, far less retained in the syringe. It should be prepared in a test-tube with a well fitting cork. By using such tinctures, the ether evaporates at once, and leaves a perfect coating of pure iodine on the walls of the fistula or sinus.

Description of Syringe.—My own method is little different from



Operation.—Prepare the patient with an aperient and enema. If it is a complete internal fistula, which may be easily diagnosed by dilating the rectum with Weiss's female dilator, or with the bivalve anal speculum of Mr. Ferguson, of Giltspur Street, and injecting from the external opening a little sweet milk. (There is no probe

for this purpose like a hydraulic one.) If the fistula is complete, place the fenestrum of the speculum over the rectal orifice. Clear out the sinuses by injecting them with plain tepid water. Insert a little loose cotton wool into the speculum to absorb any excess of injection,

as also to protect the nurses surface of the rectum and anny. The stain on the word, if any, will writers to the passage of the injection. Fill the syring, with the reduce solution of the selected already expel all air from it, pass the point of the nevale a little way into the fixule, and force the injection forcing it. If there are any estameous sinuses, with a little dexterity, they may also be injected at the same time; or, the instrument may be refilled, and every sinus injected, although this is not always absolutely necessary. Provides to the operation, or as soon as convenient, I introduce a suppository into the rectum containing half a grain of morphis.

If the fistula is incomplete, or blind external, no specialism is required, but it is necessary to attend to the following particulars—In late the external ordice if necessary, and sound the souns delicately with a blunt pointed probe, avoiding to make faise passages. Having found the "bearings" of the sinus, clean it out with tend water, pass in the gold tube of the nozzle as far as possible and inject. If this is not attended to and a portion of the pyogenic surface or membrane is left untouched at the cæcal extremity, failure may result. It is not necessary that the injection should be retained; I generally presente parts immediately, so as to expel as much as possible, it seems

sufficient that the surfaces are touched.

Where the internal aperture of a complete fistula opens into an ulcer, the piece should be meased manucleately before injecting. It will certainly heighten the pain, but I believe such increion to be essential. Or, it may be more conveniently accomplished by two operations, first, incise the ulcer, which will be healed in three days or me, and as soon thereafter as is thought desirable, inject the fistula. I followed this plan lately, in a case where I was kindly assisted by my friend Dr. Taylor, of Walton Lodge, who first suggested the idea of dividing the operation.

Regarding the repetition of the injection, I would remark that, if the first is properly performed, and of the proper strength, a second operation ought not to be required. In the event of failine, I do not repeat the injection before the expiration of the third day; and I am convinced that, if such is necessary, on each occasion the solution ought generally to be increased in strength. I have only once known No. 3 fail in producing adhesive inflammation in eases of fistula on one, by a single injection, the cause of failure seemed to be over action; and I have not met with a single bad consequence, pain excepted. To judge of the proper strength to inject, I am guided by the age of the fistula and by the pain produced while probing.

Subsequent effects: Pain and the Stains of Indine—Although in many patients pain is little complained of, in others it may be so great as to require the immediate administration of chloroform, which may be given without fear, so long as the patient suffers pain, not withstanding the previous half grain of morphia. Suppositories and poultices of ice will also be found useful. Water, or a weak solution

at a payment when he is post and, lete, the latter converting the indine muta the collective on A till better may be found in an emulsion of starch which has the power of resolving the free indine into the projectly react make a turch.

In the event of any stants of rodine getting on the linen, whether blue from the presence of statch or brown from its absence, a solution of higher place in the proportion of one part to eight of ten of water with providing and call it removes them. For the useful information, I am also redship to not freed for Taylor. It is much safer than the remainder to the time as any stants on the skin of the patient may also be a transport to the solution.

If the some sections is expected at the solution of the residence of the solution of the solution of the solution of the residence of the residence of the problem of the residence of the problem of the residence of the residence of the residence of the residence of the solution of the solution of the solution of the residence of the solution of the sol

Figurative treatment need scarcely be mentioned. A little opium, to allow pain and keep the boxels quiet with ordinary diet, and keeper the partons at rest firm day or so, are about the only directions associate.

I have been thus minute in details in order that there may be as attle excess as possible for reports of failure by those who may try here been in hand at the operation

I' while the of the ortern -In the case I recorded in the Journal. the tetris was it sol upwards of nine months. The cause of the get arm was a fresh tall given established in the site of the old fistula during the course of an attack of scarlating. It ought not to be wonshored at, if the listula should also return in cases where the mucous membrane is restorated extensively by niceration. In these cases, there are often have relaids, accompanied with dilatation of the rectum and possibly, ball-valve obstruction—these conditions being very common in the female. In such patients, and those who suffer from traintual constipation, the much is membrane becomes sammed and begrated by the union pressure it is exposed to between the hardened faces and the point of the energy, more especially during the act of defecate in I tube such exceptionatances, perforation of the mucous membrane again takes place, fical matter gets into the cellular tissue. howh the court fart that could and we feel disappointed. Why? bewas we'd, at the architigat similar causes will always produce similar

har effects, whether we muse or inject, or whitever includes one way adopt for the purpose of cure. Measureraheald be adopted to obvious the above combines of they exist, otherwise disappointment will

certainly follow

Advantages—I am not so entinematic as to suppose that injection with reduce is at all likely to supersede the kinfe, no one can possibly have greater confidence in the kinfe than myself, but it is a difficult matter sometimes to inspire our patients with the same amount of confidence and love for it. I advocate the claims of reduce as teing next in certainty to the kinfe, and as being infinitely less dreaded by the patient. When we contrast the pariest innecessors of rejection (barring pain), its simplicity and its wonderful efficiency, with the possible and not at all improbable divigers of include wounds of the anns and rectum, and as "we ought to do unto others as wo would be done by," I cannot help suggesting, that injection with soline ought, in the majority of cases, to take precedence of the scale.

Concluding Remarks—I will only add in conclusion, that it has been very successful in my hands, in fact, it has raisely faded. I have injected sinues of many months standing, following bubb in the groin, with No. 1 or No. 2, and I have always been successful at the first injection. In one such case a gentleman had been most carefully treated by a skilful practitioner with cod-liver od, sympost the mode of iron, and other tonics, sea-bathing with change of an end sponging, and such measures, but all to little purpose the same kept on discharging. One single injection of No. 1, without the slightest pain or inconvenience, did all that was requisite. I gave him no prescription, which seemed to discourage him, but next day he reported himself cured. He has since been to Montreal and back on mercantile bisiness, and the sinus remains perfectly healed. Sinuses about the imple, massing, axilla, and vilva, I have treated with similar success, also sinus in the gums following gumboil.

About a month ago I had a case, where I had good reason to suspect a carious condition of the root of a tooth or rather of the alveolus; I requested the lady to see a dentist, but she declined injected the closes once with No. 3; the futul-sessions discharge ceased, and the nurcous surface closed over the opening. I would here remark, that whether this was a case of gennine carios or not, considering the success obtained by M. Lugol in the use of indine in this disease, it deserves a further trial. M. Lugol used baths and frictions of iodine, at the same time that he injected the fistule with his solution No. 2. I would not recommend injection in the caries of joints, or where the disease is deep-seated, nor in the immediate neighbourhood of serous or synovial membranes. If it is to be at all successful, I think it should be limited to superficial caries, where the disease is not extensive or very far advanced, and in those cases only which are likely to be hepefited by a stimulating and caustic treatment. Carries of the bones of the tarsus would probably be the most favour114 SPRGFRY.

able for the treatment. I would first clear out the diseased part will toped water, and than inject from five to ten minims or more of the effect of wintion No. 3, and I would not repeat it until the effect of the first injection had passed off. Constitutional treatment, as a matter of course, must precede, accompany, and follow, the local means. I have however, had no experience of injection of iodine in caries beyond what I have stated. Lastly, I was asked by a lady to see her servant, whose appearance was disfigured by scrofulous enlargement of the glands of the neck, with two of them discharging slightly. I injected them with No. I; they have ceased to discharge, but how long they will continue so I cannot say.—Brit. Med. Journal, Sept. 3, 1859, p. 721

112 -RIMARKS ON STRICTURE OF THE RECTUM.

By Armstrane Tode, Esq., Surgeon to the Marylebone Dispensary, [The great difficulty experienced in treating cases of stricture of the rectum is from the annu and sphincter muscle being extended to the same degree as the howel and stricture are themselves. These parts are much more irritable than the rectum itself, besides being naturally even when fully distended, of much smaller calibre than the bowel above. Thus much useless annoyance and pain is caused.]

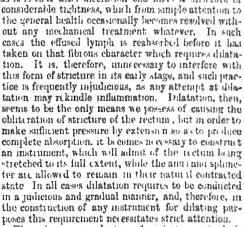
The causes of stricture may be considered to be.—Firstly, a submutant deposit, resulting from inflammation, which becomes of a fibrous character, having a great tendency to contract. It forms a ring round the mineous membrane, so that any contraction of it must lessen the calibre of the rectum. Secondly, stricture may arise from cicat mation of ulcers, and, Thirdly, from cancerous or other deposits. Over this latter form surgery has little control. Dilatation in such cases cannot be expected to prove beneficial. In the first two forms, however. I believe perfect cure may be accomplished if proper extension the employed, and if it be continued for a sufficient length of time.

In the first form of stricture the effused lymph, although it appears to have become hard and resisting, yields pretty readily to continued and persevering pressure, and under this treatment it can be caused to absorb, so that a small-sized boughe is in a short time succeeded by a larger one, this again by a still larger, and so on until one of considerable diameter is alimitted, but dilatation here becomes builted by the sensitive character of the anus, and the total absorption of the stricture is therefore not effected. If such be the case, although the pathent may derive considerable benefit for a time, the contractile propensity of the stricture is, on the discontinuance of the boughes, permetted to proceed, and the bowel again becomes narrowed. The second form, we that produced by contractions after their propersity of the pressure of dilatation, in fact, all contractions

of cicatrices, even those resulting from large, yield to extension made by mechanical contrivances. This has been fully shown by my friend, Mr. Tamplan, who has successfully used this treatment at the Ortho-

production in the property of the property of

In this form of stricture the obstruction does not alone proceed from the cleatrisation, there co-exists always some plastic efficiency resulting from the inflammation, which taking the fibrous character, I believe performs a very great, if not the chief part in chatracting the bowel. Thus it is that after ulceration one finds a structura of



The adjoining woodcut is of an instrument which has been made from my directions, by Mr. Ferguson,

of Giltspur-street.

I have drawn it in a partially extended position, so as to show its action more perfectly. It consists of two blades of finely-poished steel, forming when closed, a small-sized eval boughe. These blades are about three mehes and a half long, rounded above and below, and made to separate from and approach each other in a parallel direction, by mechanism contained within. Beneath these is a round stem, quarter of an meh in thickness, upon which the anns and sphineter are allowed to contract. The parallel movement of the blades is effected by four slight bars of steel, placed in pairs-one pan crossing each other above. the other below, united at their intersection by a pivot The extremities of each pair at the centre of the blades, are connected together and to the centre of



i he was stated to

the blades by means of houses, their distal extremities being permitted to traverse a grown within the blades. The stem before spoken of a boilow, and is continued above, within the blades, into a fork, the extremity of which is attached to the proof connecting the intersections of the superior crossbars. Through this hollow stem passes a rod, which also coils above in a fork, attached in a similar manner to the proof through the intersection of the inferior crossbars. The other extremity of this rod is a screw, on which is a graduated scale; to the a thingh but is tited, having a rim on its upper part, which revolves in a grows in the extremity of the outer or hollow stem.

The effect of this ine-diaman is, that when the nut is turned from right; that the inner rol is pushed up, and the intersections of the anomhers are made to approximate, the horizontal diagonal of the contral quadranthe becomes, therefore, clongated, and thus the blade are separated. A contrary movement of the nut diaws down the rod, and trungs the brakes together. The series is made so fine, that dila-

tati of can be effected by an exceedingly gradual movement.

This instrument may be found useful in other surgical operations. In dilatation of the vagina, in Lloyd's operation for lithotomy, it would be found advantageous, also in the cure of fissure of the anus by extension. In this affection it would permit of unctuous applications of these of solutions of nitrate of silver, or even it might facilitate the division of the fibres of the sphincter. And if the internal rankhamma could be made tone enough, it might become applicable to structure of the interless, when its parallel expansion would be found year advantageous.

I used that in 'n in mt in the case of a lady who had suffered for a very long post of the information of the rectum and fixtule. After the latter had been a part of upon, and all became perfectly healed, a structure which exists I with the fixtule, engaged my attention. Then ments became permitted in a number treatment by bongies, the anuswight his a limb of the latter lightly of an inch in diameter. On the instead of the above materians at, almost immediately, by cautious and gradual explained, the structure was dilated to an inch and anosphib without the least can be unpleasantness to the patient. She also stated that the could retain the instrument as long as I wished, as it caused to an enverage whatever—led Times and Galette, Aug (1, 1053, p. 136)

Mr Weston Cook a care was an eccentric old woman, who has had a randa for some years, which had grown to the size of a large orange. When in the most unsightly manner and with mallowed to hang out of the mouth it was like a large or and when allowed to hang out of the mouth it was like a large or and when allowed to hang out of the mouth it was like a large or and when allowed to hang out of the mouth it was like a large or and when all or a large or and any surgeons have seen it, and

wished to operate, but the steadily resisted all such interference. Not being allowed to support a portion of the membrane, Mr. Cooke proposed the application of petassa fusa, to make an aperture which would not close up readily—but this also she decidedly objected to

It is very seldom that a ranula is seen larger than a walnut or pageon's egg, because when it attains that size under the bridge it pushes this organ upwards and backwards, and cometimes most seriously interferes with both speech and deglution. If the cyst continues to increase in Vr. Cohe's patient, it may spontaneously rupture, and partial relief be thus brought about. Such a ranula as this cannot be said to be a dilatation of Wharton's duct.—Luacet, Aug. 20, 1850, p. 186

64.—Ascarules — Dr Comporat has got a cure for ascarides, which has never failed in his hands—It is a simple injection of water, containing five, ten, fifteen, or twenty drops of sulphuric ather, according to the age of the individual, and repeated more or less frequently, according to the number of the animals present. This agent, he says, has a double advantage—By its subtility it readily enters into and destroys the larva; and by its antispasmodic powers it allays the spas node and nervous symptoms produced by the animals.—Mrd. Times and Gazette, Any 27, 1809, p. 223

ORGANS OF URINE AND GENERATION.

65-ON CASES OF MEDIAN LITHOTOMY, WITH RE-MARKS UPON THE OPERATION.

By CLAUDE WHITELHOUSE, Esq. Surgeon to the Leeds Public Dispensary and Lecturer on Anatomy and Physiology in the Leeds School of Medicine.

Experience has shown that there is far givater power of dilatation inherent in the prostatic urothna than was formerly supposed, and the microscope has revealed that, so far from being truly glandular in its structure, very little real gland tissue is found in it as compared with instructure, very little real gland tissue is found in it as compared with any advect sphinctene action on the contained urethra. The rapidity of the contraction subsequent to dilatation is very remarkable, sometimes, in a few seconds after the removal of even very large calculitions so contracted as not to re-admit the passage of the finger into the bladder, except under the influence of removed dilating pressure. One of the chief sources of danger against which we have had to guard has been the total division of the prostate. If, therefore, we find that the prostate is sufficiently dilatable, without any division at all, to allow even large calculito pass through it and that the grethra

148 SURGERY.

may be so opened as to allow us thus to extract them, one main danger of lithotomy is overcome.]

But neither is this too free division of the prostate the only source out of which, in lateral lithotomy, the danger of urinary infiltration may arise. The sphincteric fibres of the prostate being divided, all control is lost, for the time being, over the contents of the bladder, and the urine, continuing to dribble through the wound for many days, is unceasingly in contact with its cut edges, rendering the patient still further hable to the same danger, should healthy lymph fail to be thrown out over their surfaces.

By reference to the accompanying cases, it will be seen that by median lithotomy this second source of peril is also re leved, for it is worthy of observation that immediately from the time of the operation, the neck of the bladder being uninjured, the patient possesses perfect control over that viscus-can empty it at will and in stream-and that, having done so, he can be washed and made clean and dry, and thus be kept perfectly comfortable between each act of micturition; and furthermore, since the posterior layer of the deep perineal fascia remains undivided, it must so guard the arcolar tissue of the pelvic cavity from infiltration during the evacuation of the bladder as to render that accident almost impossible Again, the liability to subsequent ervsinelas is greatly lessened by the fact that the patient occupies a clean, dry bed instead of lying for many days in sheets saturated with decomposing, and therefore aminomiacal, urine. If the operation be carefully performed, it is hardly possible to wound either the rectum or the artery of the bulb-impossible to wound the public artery, and though there may be some considerable amount of hemorrhage from the prestatic venous plexus this will not often be such as to give me to serious apprehension or alarm. So far, its resailts in the hands of our Leads surgeons have been very encouraging: only one death has occurred in seventeen operations.

Clase 1 - Inne 30th 1855 ('O, aged seven years, a puny, illgrown boy, presenting all the appearances of one who had long been the subject of great saffering, thin, cachectic and scarcely able to move about was shown to me as the subject of stone, and on passing a sound into the blad ler, a calculus was readily detected. His suffermes during and after mectarition were described as so great as to render the child an object of commiseration by his neighbours, and such as to lead ins mather willingly to accept the risk of any operation by which they might be relieved. On careful examination, the urine was found free from any combition contraindicating the operation of lithotomy or leading to the supportion of any disease of the kidneys; and since the bladder was also believed to be free from morbid change. the operation was deciled upon. A dose of castor oil at bed-time, and an one; is of warm water on the following morning, were the only preparate a regard, and on the 10th of June I proceeded to operate

by Mr Albarton's "median method," the child bring for t placed on der the influence of chier form

A curved staff growed on its producer aspect, was passed into the blatter and held by an arm that firmly books I up against the colors The for fin ar of the helt han I was then possed into the rorting and allowed to rest a must the spex of the promate and with this finger the staff could be filt entering that body A lengt strate-pointed kinds was then made to enter the permission united at it in front of the anns, and rassed deoply towards the groove in the stall, into ahich at was directed at the apex of the pre-tate, by the finger in the re-The membranous urethra and tissues of the paramen were tum then laid open by one weep of the knife, from behind forward, to the extent of about an inch mid a quarter. A toube was next passed along the groove into the bladder, and the staff with lrawn the then passing the orled finger into the wound, it was found to pass with the m wt perfect ease through the prostatic urethra, and the stone was felt at once It was readily seized by hthotomy forceps passed in upon the finger and extracted by one or two scan rotatory movements without the smallest difficulty.

Very little blood was lost during the performance of the operation. and the child was placed in bid before the effect of the chlord ru had passed away. The calculus was a phosphutic one pear shared, seven-eighths of an men long, six cighths bread, and five righths

deen.

The child recovered without a single unpleasant symptom, the urine for two or three days being voided principally by the would. but by the end of the week flowing wholly through the methra -Lancet, May 23, 1569, p 531.

66 .- Different Modes of Performing Lithotomy in the English Mosnitule - A large majority of English Surgeons coupley the ordinary lateral method of lithotomy on a curved staff. There has been however, a considerable disposition to endeavour to improve on it of late years. The median plan, so strongly recommended by Mr Alkaton, has been tried by not a few Landon Surgeons, and amongst provincial ones has found a warm nelvocate in Mr Icale, of Leols. At the London Hospital it was first adopted by Mr Ward about two years and, and a not then has been employed by ha colleagues, Mr. Critchett All the three patients and Mr (mwland, each in a single instance were children all recovered well, and mall it was considered that much less than the usual amount of blending took place. At fluy's Hospital, Mr Cook has performed median inhotomy several times. and Mr Erichson has done the same at University College Hospital, both surgeons being we believe well satisfied with its results. On all hands it is considered to be bost adapted for children and for small stones. At St. Barcholomew's Mr. Lloyd still continues to operate so all eases by his recta-neithral median method, which we described in detail when he first adopted it in 1853. He informs us that he has not yet host a case after it, and considers it decidedly preferable to the lateral operate of the colleagues, however, without exception, we believe always employ the later. At the Metropolitan Free. He Hutchmoon always employs his rectangular catheter-staff, and some hest that he obtains great advantage from it. The same instrument has been coupleyed at kingle toding his Vir. Lee, but it is not, as the no we observe in account and any other Hospital. In a recent medical in which is calculated was of large size, Mr. Hutchmoon larges of the heatest is not a research of the heatest in the relation was at large size, in the hope of facilitation of the distation of the east.

With regard to the treating operation a advised by Mr. Aliarton, it is neaverably not office be as of the only for small calcula. Now, Mr. Liese's expensive during the ist few years has quite proved, that when the particular componence of the splaneter and is extend through from the particular transfer than the particle will therefore to adopt this measure whenever, after their indicates may be a the transfer the standard formed to the particle and a found too large for removal! Mr. Hoyd's operation gives abundance of reson.—Med. Times and transite, July 18, 1859, p. 34.

67 -ON LITHOTRITY.

By Farmence C. Mark, Emp. F.R.S., Surgeon to St. Bartholomew's Hospital.

IThe author commences by stating that the larger his experience of saterious affects us, the stronger is his conviction of the well-marked superconty of the equation of crushing over that of lithotomy. He approved of the ton's me sal operation, which has recently been tried by Mr. Lings ?

The shall be not into lived into the bladder, the sphincter and musels is divided in front a kind of a column being passed into the recturn, for the purpose of rendering it tener. The urethra is then spend through the opper wall of the rectand, the remaining part of . the canal is chiefed up to her bladder by the forceps, and the stone extracted a complex for terms decored to cause it is the term in commeasure has late and below that the areches, especially of a child, is superptoble of carte eages, or rather endown, dilatation, without some amphier or largest in at structure. It cannot be affected by mere stirtching by which can wall of the configure callinged to a circum become of at lems three or four from their natural magnitude. I do not madden the Section of the operation at artracting in any great degree from the mark In alathon of the presente portion of the cannot bus also be to dreund a community the trainer in the operafrom and it is or complete with be wrant in it, the crution in detail, the

parts so lacerated being restored to their natural contact on the removal of the cause. I am informed by Mr. Lloyd that be have hitherto experienced no difficulty in the restoration of the functions of the sphinoter muscle. The operation, to all appearance, is jet-formed without difficulty, and the loss of blood is remarkably small.

No amount of excellence to which the operation by means of the lithotrite can be carried will ever supersede that of lithotomy—noist especially, and for obvious reasons, in the case of children, in whom, fortunately, the mortality is far less than when the operation is under taken at a more advanced period of life, also in some examples of disease in the adult. But I believe such selections should be comparatively few, and should obtain only as exceptions to a prevailing rule.

I propose now to call your attention to two cases on which I have recently operated in private. In the first of these the operation was successful, and although its progress was marked by symptoms of an untoward kind, the stone was entirely removed within twenty better days from the date of the first operation. The second case was unsuc-

ful, and on that account I give the particulars.

Cose 1 .- A gentleman of 41 years of age, stout in build, but healthy, became the subject of stone in the bladder, the signs of which might be traced back to a term of eight months. Having assertained that he had a healthy methra admitting a No 10 catheter without difficulty—that his bladder was so far tolerant of urms as to permit its retention for three or four hours, and that the urine itself was free from morbid deposit. I broke the stone across and withdrew the instrument. The operation occasioned so little pain that the gentleman dressed himself, and subsequently took his chair at the dinner table, at which he are moderately, but with fair apportion. Within twenty-four hours he had passed some small fragments of lithic acid calculus, but without pain or inconvenience. On the fifth day I repeated the operation: but on this occasion, having now acquired some experience of the habilities of the bladder, I broke the fragments by eight successive applications of the lithetrite. The pain of this second operation, although it somewhat exceeded that of the first, was by no means severe ; but I directed my patient to be in lead, and to drink largely of barley water and other diments. On the following day he had passed a considerable quantity of detritus, the aggregate of which would have filled a large thimble. A less quantity passed on the second day, when he began to complain of pain in the bladder, and his urine deposited adhesive muous. The pain became considerable. The adhesive muous increased. He took increasy-and-costs, with full doses of Dover's powder, might and morning, with infusion of diosma two or three traces during the day. The pain subsided, and the muons dominished in quantity; and on the eighth day I reposted the operation, and crushed the stone nine consecutive times. Lasarrh of the bladder followed as before, but he passed in the course of 1 2 SIEGERY

therty see hears a yet larger quantity of frequents than on the former cocasion. The symptons of what is termed chronic inflammation can high, the intensity appetite and step failed his pulse cose to 100 and he was decreabilly ill. The former treatment failed to control the symptons, and I ejecuted again on the sixth day. Immediately all the symptoms of internal muschial vanished, the pain sub-field, the muons dimensible his bladder became more tolerant of its contents, and he agard passed detritus in a large quantity. It was now quite obvious that we had passed the ordeal of difficulty, and that the fragments of stone repairing in his bladder were very inconsiderable in quantity.

I operated again on the fourth [?] day, and completed the crushing reducing every is maining fragment to a size capable of transmission in an bit the cannot of the unching. Within forty eight hours the liadder had entirely evacuated the whole of the calculous matter and an circularly saunding with a variety of instruments, I was unable to defict the presence of the smallest fragment. Some months have in well-peed and the vigilant observation of my patient fulls to detect an symptom of his former discase. The stone, judging from the quantity of detritus obtained, was of moderate, not of small size. Had it been removed by means of the knife, it is highly probable that the time required for the patient's recovery would have exceeded that occupied by many days. During the progress of the treatment he cannot be said to have suffered severe pain, he was never brought within the circle of danger, and he left London with health unimpaired by sargual discipline or deprivation.

First 2—was that of a continuar, sixty-two years of age, of a less leading aspect than the subject of the last case. He had had straighted the straighted in consequence. His expression was that of a man worn by internal mutation. I ascertained the stone to be of moderate size, and its contact with the metal caused a ringing sound which was audible at a stance. On testing his urine, I found it albuminous, and postgored the operation. He was ordered diluted intricated in infusion of downs, and his urine improved. In a week I introduced the lithetic and simply broke the stone once across. On withdrawing the instrument and having completed the operation, Vir.——exclaimed,

What is that Mill I have had no pain whatever" He dressed has the passed one or two small fragments of stone, composed of play that of line but he continued to sustain no inconvenience in mills of section.

In the first day I performed the second operation. On introducing at the lath trite the bladder appeared contracted. At all events it had some efficiently in expanding the blades of the instrument, is it will ited thrown into the organ the quantity of water I usually a jett—viz, about tour ounces. However, I caught the stone, and

while screwing home the blades I perceived blood if wing somewhat freely from the ordice of the ur. his. This determined his to deast, and I with from the instrument. For some time bloody aring a nineral to flow from the canal, but on the a cond day I was summoned by his melical attendant in come pience if an attack of retention of urme and I drew oil about a part and a half of arms doorly observed with blood Retention a am fell we i, and I removed mark the same quantity, and of the same character of arms on the barth day The presence of the distended bladder did not appear to cause him much inconvenience nor its evacuation much relief. I since cause of less bloody, continued to escape from the method without the effect of michinion. He had no local turn and here pressure both over the bladder and on the parmeum, without complaint. He was or lend gallic acid, in full doses. Sir Benjamin Broke saw bin at this stage and did not angur unfavourably of my point a case. He recommended the employment of Russian's stypic and segreted the rapptition of the operation as early as permissible. His increasing weakness was aggravated by the excessive action of a moderate dose of castor oil, and although the hemorrhage was reduced in quantity, his vital powers were now only sustained by the frequent employment of stimulants. Bladders of ice were applied to the apagastrum and to the permeum without effect. He became emiatose, and died on the fifteenth day from the second of cratica

The post mortem examination exhibited a contracted bladder, thickened with its inner surface coastd with coagulain a caterins of about the size and form of a moderate sized walnut broken into three parts—its composition, oxalate of lime coated with phosphatic salts, and two lesser calculi entire, ureters dilated, kidneys

diseased

In my work on "Operative Surgery," I have referred to two or three similar cases to that of Mr ----, but they are rare. The fatal issue in this instance is not to be cited as injurious to the good name of lithotrity Had the old operation by the knift been substituted, the issue had, in all probability, been the same The presence of albumen in the urine when complete with stone in the bladder, is not conclusive evidence of diseased kidney and with symptoms of an urgent character we are compelled to roaks the effect to obtain relief The operation of lathotrary, when carefully performed creates little more pain than that of sounding for stone and generally in a healthy bladder, leaves as hitle irritation behind. The proports a of persons who suffer from coun lications of reval disease, roughed with calculi, is I do not think such cases can be selfely treated by the hthotrete Norther is the cutting operation a security against a faval termination

Believing as I do that the operation by means of the lithotrite is applicable to a large majority of calculous affections of the bladder—that if well executed, it is safer as regards the life of the passent,

174

onite as certain so regards entire recovery and less exhausting to the system. I recommend its practice for your consideration. And as I may not have the opportunity of addressing you again for some time, I purpose concluded these remarks with some general rules which may prove usuful to your future career.

I miving your rejection of cases for lithotrity presenting the follow-

my characters ---

I Manifest disease of the kidney.

2 The methra we contracted as not to admit with facility a litho-

3 The hindier so intelerant as to be incapable of retaining its momens content for three or four hours, and on the other hand, a bladder of bus nervous succeptibility

1 Mark intercement of the product gland.

The quantity of water mp atel should not exceed four or five ounces. In many subjects, the could gment of chloroform excites the bladder to exteract and the injection has to be repeated. The lithotrite, to metal till size and angular form, should be introduced with more caution than is usually required on the introduction of a catheter. No artempt should be made to open the instrument in the bladder until it has been jushed thoroughly home into the organ. In the act of separating the blades, do not withdraw the upper, without at the same moment pressure the lower blade downwards towards the bottom of the bisdier. It this rule be not strictly observed, the upper blade will be pandully pressed against the neck of the bladder, from which ha morrhage may I flow. The stone is to be brought into the lithoture to previous the I wer blide suddenly, and by a slight jerk or twist of the hard against the tree or bottom of the bladder. There is neither in creaty nor advantage in directing the instrument to the sight or to the left. It should return the messal line throughout the entar operation. When the stone is caught, the blades should be ser, well ' lame, 10. ' small accumulate as become large, and render the withdrawal of the instrument through the urethra difficult. At the first operation do as little is possible. It may be deemed an expermittal measure, and it will be summent to break the stone once across. On all fature oreasens the number of applications of the screw may be determined by the telerance of the patient. The stone may be broken are eight it more times. The intervals between each operation will vary use i in to the condition of the bladder and the quantity of district expelled. If the quantity be considerable and the lighter quart one person may be repeated in four or five days. The average interval of the ration this low ones pass through their some and southern with the configuration of instability of the more is tour dance of the tailles manife ted by a discharge of tenacome more adverting to the " from of the vesal. I miss in its aggravals if 'm it is a sy, as very toru. It may be treated with a size raise is a latter and there e powder, &c , but the best

remedy is the hithotrite. I have remarkedly man this avant in and side on the repetition of the operation of the constitutional treatment is chiefly dietetie. Diments should be ordered largely, and the moderate use of wine is unit peternable. I have never men any advantage obtained by an abstinent dat mer any evil arms from an order many and habitual one. It is surprising bow large a tragment may travel along a beaithy neether. They are muched however, much frequently at the glain and if a traduction caronet be extracted by a pair of fine force is in this estimation, the method should be divided. When fixed low down in the methor timy hould be recent back into the bladder. This may be effected by a large establish No. 12, one off straight at the point, he extremely of the matriment being rape plied by a movable knots, which is withdrawn when the ratherest touches the stone. The span extremity of the instrument since has the stone, which is forced buckwards without many to the meeting membrane. A small abscess in the periodena may consumally follow the violent employment of the lithotrite, or baceps die. It presents itself under the form of a small immeded tomour. It selden requires active treatment, and, as a general rule, may be "let alone - Langet. July 30, 1559, p. 105.

68—Lithoterin and Ren ocal of the Frequents at the time of again under the care of Mr. I are tissue—In a case littly analytication at King's College Hespital. Mr. Fergusson employed who he termosi a "favourite method" of his in expediting the care. It consists in the removal by means of the lithorite of as many fragments of the stone as can be got away, at the third crushing [

The man having been put under the full influence of chloroform. the stone was broken by a large and strong instrument. A much lighter lithotrite was then introduced and a fragment having been seized, the size of which was evidently moderate, it was dragged out. This manceuvic was repeated ton or fifteen times, and enmit was removed to have made up a stone of moderate bulk. It did not how ever, appear that all had been got away, as the fragments could not be made to fit so as to make up one stone and the original common as to there being more than one seemed strengthened. In several instances considerable difficulty was encountered in getting the fear ment seized out at the meatur, although it had shipped quite easily through the deeper tracts of the urethra. Occarionally it would excape from the grasp of the instrument and remain and acted about half an inch from the ornice. When the happened, Mr. I eigensely employed a small scoop or a pair of common dre one I were to effect the final removal. Of course some blue ting attended the formble dragging of the fragments out, it appeared, however, to come almost wholly from near the mentas. On the plant, after the operation was completed, we counted six frag leuts, all it them of too large a size

1 A SIRGERY.

to have been would spentaneously, and there were at least twenty others of another dimensions. There can therefore, be no doubt that this plan of facible extraction per unothram, if safe, very greatly extend the time of the extraction per unothram, if safe, very greatly extend to the case. Mr. Lengusson's dexterity in the use of the introducte thing, it must be borne in mind, make that safe in his hands which we not be not most of less experienced surgeons. Thus, which is an instrument had on the occasion alluded to, been introduced and with leave at least lifeen times during the sitting, yet the whole had not lasted more than about twenty minutes. The instruments seemed as if spontaneously, at each introduction to seize a fragment of right says for extraction the moment it entered the bladder

Mr Ferguary, in some chineal remarks at the conclusion of the operation climitted that the plan he had adopted was one as yet on its took Herrown be' if was, however, strong that when judiciously carried out it very materially hast ned the patient's recovery, without subleng to his risks. With regard to the degree of force which might be used, he said that his rule was never to employ violence if the stone stark in the lower part of the methra. By the hthotrite the size of the fragment might be estimated with a certain degree of accuracy. and if two large it should be crushed instead of being extracted. however, no difficulty occurred until reaching the anterior inch, he believed that forcible extraction through that part did no injury what-Some might incline to adopt the plan of the older lithotritists. and shi up the meater before beginning but he thought it unnecessaiv His inected attention to the smallness of the instrument which he had used, and stated that though much too weak for crushing large stones at did very well for the extraction of fragments.—Med. Trace and to Latte, June 25, 1-59, p 651.

199 - O. o. Ver Mile of Relieving Retention of Urine. By Landston Pandera, 1/1 Surpoin to the Queen's Hospital. Birmingham. ——The writer has lat by succeeded in two separate instances in relieving retention of arms in the following manner.]

A gentleman lately entered my consultation-room in great pain from releation of urine. He had not passed water for many hours; the blad if r was much devended. He stated that ineffectual efforts had less made to process a cheer, during which operations he had have made took process a cheer, during which operations he had hat a constitute of the life it. I attempted to relieve him by the interior than took part to observe the life it of the life it. I true the karm of the interior of manner proposed by the true to the life it is not succeed in passing one into the life it is a small portion of a small portion of a small practice, and practiced by the theory of the unitary. I will moulded the wax over all but the extreme part of the causta, and passed it rapidly down to

the point of obstruction—by pressing against this for a short time it yielded, and I had the satisfaction of finding the bouge easily enter the bladder. I directed the patient to strain as I withdrew the instrument—a stream of urine followed, and the bladder was empticed. The retention did not again occur, and very little irritation accompanied or followed the proceeding. On the next day, the patient made water freely, but in a small stream.

The second case was very similar. The patient had travelled some distance by rail. The bladder was much distended, the symptoms nigent, and a catheter could not be made to enter the bladder. A small wax bouge was armed as in the last case, passed down to the stricture, and firmly pressed against it. It yielded very shortly; the instrument entered the bladder, and a stream of urine followed its withdrawal. This patient had a second attack of retention two days afterwards, which was completely relieved in the same manner.

A modification of this plan might be attempted by inserting a small piece of potassa fusa into the extreme point of a small gum elastic catheter, and using it without the stilette. I am sangume enough to hope that many cases of retention of urine might be casily and quickly relieved by the simple means I have singuisted, and more formulable and dangerous operations thus frequently avoided—British Med. Journal, May 21, 1859, p. 400.

70-THE VALUE OF INTERNAL INCISION IN THE TREATMENT OF OBSPINATE STRICTURES OF THE URETHRA.

By Henry Thompson, Esq., Assistant Surgeon to University College Hospital, &c.

(Read before the Medical Society of London.)

[Unquestionably, in all cases of stricture, the remedy first to be trust is dilatation, being the safest and simplest. But a large number of cases remain, not amenable to this mode of treatment alone, in many of these cases internal division may be practised with great advantage, being a means much less severe than external urethrotomy. Mose than thirty years ago Mr. Stafford introduced this practice, his matuments being probably even now well known. Subsequently it has been followed by Liston, Guthine, and Coulson. The exceptional cases in which dilatation proves to be only a slight palliative appear to be found in two distinct classes of patients, which may be thus generally indicated.)

1. The first class comprehends cases in which the stricture is so unyielding, that no dilatation, simple or continuous, materially enlarges the passage or ameliorates the symptoms. These are almost invariably strictures which have existed some twenty years or more, and in

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patients who have been the subjects of repeated and long continued courses of treatment

2. The would class includes cases which, as compared with the preceding, using during early life, but in which, nevertheless, the structure exhibits considerable obstinacy to dilatation, although parsural under tayonal le circumstances. The symptoms are, however, americanted by it, although only for a short period of time, while unstally on each recurrence they appear to be a little more severe and obstinate than before

In the first class, internal division is recommended solely to meet

existing evils of a very grave character.

In the second cire it is employed not only to remedy present diffientities but also to anticipate future ones, since it is almost absolutely
certain that returns if not firtal injury will result long before the
nutural term of life is spent, when in the early part of it a severe
structure is established, and merely pulliative treatment is applied.
And it is a question which demands our serious consideration, whether
it is not wiser to give permanent relief to the patient, if possible,
thefore extensive in thial disease has been established, or organic
complaints in the bladder or kidneys have been set up, than to postpone the attempt until such changes have already taken place, and the
power of palliative measures has been well high exhausted.

After a careful study and a considerable practice of urethrotomy, both internal and external I believe that the former affords a most ascint and efficient made of treatment for a large proportion of the exceptional case indicated in the foregoing classes, that is, for those cases in which the indicated train constituting the stricture can be divided with ease and trainint by an incision of very moderate depth in triangular after those which cannot be so divided, for where the indicated training indicated as to render necessary for its compute them after an after an a trethial necision. I believe the hazard of internal is present than that of external urcthrotomy. Consequently I would have upon the unext, for cutting within the urethra, capable

winder and even interiors of making a deep melsion

There is a fact in commany with this subject well worthy of notice - namely that the maye doing or non-dilatable character which certain structures process to be developed for the most part in proportion to fine prosumity to the extend orince of the uretima structures at or near the concentral are not mously non-dilatable, so are fance withough in a minimataless degree, which occur at the distance of to minimate in minimate that is just in front of the scrotion. Much test so are those which affect the most common situation, by the halbons portion, that is, a part of the urethra, about an unit of both which has antered to the deep periodal fascial minimates at the work is a serve important bearing on the question of the thought. If there is an distribution in a method in class of the kind of the minimatal developed of risk when

made anterior to the scrotum, so that the indications for their use and the freedom from danger happily courset in relative tro-Thus, it is not very common to meet with stricture of the bulbous portion which requires internal division. Although perhaps scarcely necessary, it may be desirable to premise that no internal incomen should be applied to a structure through which an instrument of some size cannot be passed into the I do not hesitate to endorse the proposition, that Felstalalar where the urine issues by the external meating an instrument may. with time and patience, care, and igentic manipulation, he passed through the stricture into the bladder, the cross of retention sometimes excepted, when time is not always present, ner are circum: stances favourable. I do not aftern the impossibility of exception . but I am entitled to say, after a considerable experience, and with the full consciousness of the responsibility incurred by so doing, that such exceptions should be very, very rare indeed

For the successful practice of internal incision, as a rule, three conditions must be complied with. There may be some few exceptions to these rules, but they are to be regarded as almost of universal

application.

First. The cutting instrument must be passed through the stricture, and the incision be made from behind forwards—that is, towards the onfice of the urethra, not from before has kwards

Secondly. The limits of the stricture being first accurately defined,

the whole of the contracted part should be divided

Thirdly The borders of the incision should be maintained apart by catheterism subsequently performed, and healing by first intention thus be prevented

These three points shall be segurately and briefly considered

The pret condition -- The safest and most efficient internal incisions are those which are made from behind forwards—that is, when the operator divides the stricture by drawing outwards or towards himself an instrument which has been already passed through the whole of the contracted portion. The incision is then cleanly made, not jagged, but the reverse is apt to take place when the blade is pushed inwards—that is, from the operator. In this case, the flexible yielding walls of the cretica are hable to be pushed into folds in advance of the blade before they are cut, and the result is an uneven incisa n. the length and other characters of which are not under the perfect control of the operator But in making the meision from behind forwards, the prethra is rendered tense, folds do not exist, and the incision may be made to correspond precisely in length and direction That this difference between the with the intention of the operator two methods exists may be easily believed from a consideration of the structure and relations of the urethra, but it may be demonstrated by comparative experiments on the dead body Further, I may state, that a very large experience by continental surgeous, apart from

160 SCROLRY.

theoretical considerations, has now left little doubt in their minds as to the comparative efficiency and safety of the two methods. While the occurrence of perincal or scrotal abscess, say they, as a result of the operation is not extremely uncommon after incisions from before backwards, it is almost unknown in those of the kind above described made in the review direction. These facts, it may be added, I have

verified by personal observation.

The second condition -The limits of the stricture having been first accurately determined, the whole of the contracted part is to be divided. Incomplete division of the stricture almost always entails an unvatisfactory result. It is not depth of incision which is here referred to, for it has been already stated that unless the thickened tissue of the stricture can be divided by an mession of very moderate dentil, (4 term which shall be accurately defined hereafter when I come to consider the question of instruments internal irrethrotomy should not be employed. The partial failure of an intra-urethral incision is generally in its length. Unless the operator is well aware of the hability to error in this respect, he is apt to miss a portion of the stricture, especially of its distant limit. The cause of this may be thus explanned. A stricture as is well known is not generally constituted by a sudden narrowing of the canal, himited to a distinct portion as of a line or two in extent, but implicates more or less of the urethral walls before and behind the point of extreme narrowing, in other words, a certain portion of the canal is the seat of some lymph deposit, and consequently of some andency to contract, to the extent of generally about a quarter or third of an inch before and behind the bout in question. When the cutting portion of the instrument therefore has been passed beyond the point of extreme narrowing, it is not scale, not morely at once to draw the instrument outwards, but the less of more a most commence about half an meh beyond that point so as to ensure the division of all the portion affected by the disease. The measure will usually require, therefore, to be from an inch to an mah and a halt in length. And freedom, in this particular of length, is in no way injurious. It cannot be too often repeated, as the result of the practic of modern methrotomy -a fact enuncated by all those who have a large expendence,—that hazard attaches only to does and not to long marsions. It is extremely important to remember that in anylite division is almost certain to be followed somer or later by a reformation of the stricture in that portion of the arctica which although involved in the disease, was permitted to escape the blace of the creturetime. Unless attention to this be ensured a useful on theil of treatment may seguine undeserved disrepulse. I have neget usen cases which, sonly from want of attention to this particular have not been benefited, and in this manner the operation has been unmarry degreented. It is not necessary to enlarge here on the mean, of acquiring an accurate idea of the situation and examt of a status which I have detailed elsewhere, but only to remark that, with the aid of an instrument with a bulbers extremity, such information, which is absolutely necessary to ensure the successful performance of internal urether tomy, is easily obtained.

I'le third condition - The borders of the meision are to be maintained apart by catheterism frequently employed, so that healing by first intention be prevented. Theoretically considered, the propriety of this proceeding would appear to be unquestionable Reasoning by analogy, also, from the unsaturactory results which have been known to occur from neglect to pass full-sized instruments after the operation by external division, we should assert the absolute necessity of the practice here also. But it is certain that some foreign surgeons who have had considerable experience believe that the subsequent catheterism is unnecessary. I have no hemitation, however, in regarding it as unwise not to practise it, believing that experience has proved it absolutely necessary in some instances, and, being so, it must be desirable in all. For if, in some cases, a complete cure has resulted from the mere internal incision, unassisted by subsequent dilatation. we have no reason to infer therefrom that in all cases the same consequence is to be anticipated, and as we possess no means of distinguisling the cases which may be cared without after-treatment, or, indeed, of knowing why such a result is met with at all, it appears to be hazardous not to practise the subsequent catheterism in all. The plan which I adopt and advise is to pass a full-sized histrument daily during the first fortmitht after the operation, and every other day during the subsequent week or fortnight. This ought to be a metal sound, having a uniform diameter throughout of not less than 11, 12, or 13. and it is desirable in withdrawing it to press its extremity downwards into or upon the line of incision, in order to maintain the borders apart, and subsequently to extend the recently-formed tissue there. The patient should then be taught to pass one for himself, which he may at first do twice a week, then once a week, and finally only now and then, as once a month or so, usually as a precautionary measure The little wound which separated the divided borders of the fibrous material litherto surrounding the wrethra, and constituting the stricture, is thus prevented from closing by mere adhesion of those borders, but fills up by granulation, and the calibre of the urethra is restored The new tissue thus formed is exceedingly extensible, and when subsected to daily and bi-weekly dilatation during three or four weeks after the operation in the manner above described, ensures a condition of the urethra which, although not equivalent, perhaps, to that which exists in a prethra which has nover been diseased, is still one of immense improvement for a patient who had been previously the subject of severe and strongly-contractile stricture. The removal of these specific and dangerous characters is in fact the cure of the stricture, so far as that term can be applied as a result of any known mode of treatment. It constitutes a stricture completely dilatable which was not so before. The nationt is relieved not merely from present its.

best from the approbension that evils of a grave character will occur in after life.

There is one unportant point, in connexion with the selection of the taxes to which internal urethrotomy may be deemed applicable, which appears to me, judging from opinions frequently expressed respecting operative measures for the cure of stricture, to require a little elucideton. There evidently exists a common belief that a stricture must le very narrow indeed-say one that admits at most a No. 1 or 2 estimier-in order to require treatment by any incision. Now, with unat deference to those who may hold this opinion. I undertake to affirm that the nirroaness of a stricture, per se, is not the single or even the most important element respecting it. True, it is usually the most obvious one, but I must venture to say that want of tellychan, or of experience, or of observation, which is the same thing has above led to the supposition that the degree of dimimuters in the exhibite of the methra, and the intensity of the significant, to the gravity of the disease, have a corresponding relation. In other world, although it sometimes happens that a very narrow stricture prolities comparatively slight symptoms, and these easily amenable to treatment by dilatation, it is no less certain that a stricture which is not narrow, but which is at the same time non-dilatable, may profuse distressing and indeed dangerous symptoms. The extrang narrowness of a stricture, therefore, by itself, is not necessarily an indication for treatment by incision; neither, also, does the conwerse condition necessarily forbid it.

The thost important physical characters of an organic stricture, whether its colline equals Not or No 6 of the catheter scale, are Non-distability and interacting. By the term Non-distability I intend to bush to a condition in much the tissue constituting the stricture is no majoritor that instruments well and perseveringly applied, even when for trable by one conditions have been ensured, will not materially endure the caldine. By Contractility I understand a quality which so now cottons process, through the agency of which, whatever temperacy effect may be produced upon them by dilatation, the original

nal defees of narrowing reappears almost immediately.

This, a patient may present himself with a stricture through which an instrument of the scalinst size only can be passed, yet in a short tone the normal cabine may be re-established by simple dilatation, and may be mantained with little attention subsequently. On the other hand, we sometimes encounter an example of the disease in which a No. 4 or 5, or even larger, may be passed into the bladder; nevertheless, the symptoms are very severe, and dilatation, perseveringly simply, produces little effect on the narrowing, and affords very singlet or in relief. It is amongst these latter cases especially that I have often winessed the excellent effects of a division of the indirated and insymbling ring which surrounds the urethra at the point of stricture, and which no other treatment so effectually, simply,

and safely combats. Honce it is that a remark often heard appears to me mappropriate -- viz. that fan instrument of the size of No. A or at can pass, there can be no occasion to make any division of the stricture. Such a remark, I reject, in due to the erroneous assumption that the calibre of a storture is its readly important character, the determination of which alone is sufficient to indicate its gravity; and also the kind of treatment which may be required. Few greater in a takes can be commuted in commann with this subject than to endorse this statement as a pathological truth. Those are many other characten which powers omal, if not menter would, in determining the nature and probable influence of a stricture usen the constitution. such as the degree of local sensibility and discontion to unfarmmation: its liability to occasion severe disturbance of the nervous system as evidenced by rigors and fever on slight provocation basides these three physical characters of contractility and non-dilatulative already alleded to. It is the presence or almence of such conditions, and not the mere fact of narrow calibre, which requires to be considered in coming to a conclusion respecting the apprepriateness of any particalar treatment.

We have already seen that the physical characters just named are found to affect more commonly those structures which are situated about four inches from the extremal meanns than those which exist behind that limit, or within the bulbous portion of the arethra. (If this fact I believe a ratisfactory anatomical explanation may be afforded. A stricture situated within the bulb, onless consisting of a very dense and considerable librous deposit, is dilatable, in part, probably, because it is surrounded there by a large mass of very extensible tissue—the erectile—which can oppose little or no mechanical resistance to the passage of a large instrument through the contraction. It is widely different, however, in the antescrotal part of the urethra; there the extensible structure exists in much smaller proportion, and the possibility of dilatation is limited by the two fibrous favers of the corpus stongtosum which, having comparatively little erectale tissue between them in the situation, oppose a mechanical obstacle to dilatation, while their close proximity appears also to favour the permanence of lymph deposit, which, during inflammatory action, may rapidly infiltrate the thin stratum of vascular structure intervening.

[In the second and remaining part of this paper the writer passes on to consider the instruments best adapted for the performance of internal division of stricture situated in the anti-scrotal and bulbous portions of the urethra.]

In the first place, it is necessary to possess a clear idea of the situation and extent of the stricture, or strictures (if there he more than one; which it is proposed to divide. The urethra should be examined by passing a full-sized instrument, No. 9 or 10, as far as

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to the wat of stricture wherever it may be, and the distame from the external meaths noted. Next, an instrument wen a siender atem and a bulbons extremity should he inter I through the stricture, that size being employed which requires a slight degree of pre-sure to enable the inh to she through the confincted portion By means of this matrement it is easy to estimate the extent of the atricture and also to ascertain whether another exists behard the first. To effect this purpose most of the urethrotomes themselves which cut from behind forwards are conducted The enlarged extremity which conceals the blight serves as an exploring bulb, by means of which the length of the obstruction may be estimated, and also, when the difference exists, that side of the urcthia on which it es most salient.

The instrument which I have most commonly employed. and still prefer is that which was designed some fifteen years ago by Civale, of Paris, and has been used by him with little modification to this day. For a few exceptronal cases, in which the institument is too large, I have used one designed by myself, and which is capable of being made in a smaller size than any previous urethrotome which cuts from behind forwards The shaft of ('iviale's instrument is equal in size to about No 3, the bulb to No 5 (see Fig 1 Consequently, the stricture must have a calche nearly equal to the last number; and if it does not admit it, my small instrument, of which the built equals in size only No 24 or 3, may be used, or, as is the ensum of Civile, dilatation, either occasional or by tyng macstheter for a given period of time, may be previonely impliyed, in order to bring up the calibre of the stricting to the required size. The bulb of the instrument having been introduced about half an inch beyond the Last west point of the obstruction, the cutting side being directed downward, and directly in the middle line, the blade is made to project to the required extent by means of an a paratus in the handle which accurately controls the bir w. and the instrument is firmly pressed on the the tree arctica and slowly and steadily drawn outwards thank an man or an nuch and a half, so as fairly to divide the observation, portion - a result easily appreciated by the hand in the overcoming of the resistance which the thickened and hardened tassie of the stricture presents to the snarpest blade, this latter is then immediately shorthand by a movement of the thumb, and the instrument t. withdrawn If two strictures exist in the same urethra, the state of the second ency be divided in a similar manner, if necessary. A full sized metal or gum clastic catheter is then pared into the bladder and field in. It seems hardly necessary to remark, although I have seen instances in which that promuten has been ovalioused that ordinary care must be taken to quide the catheter along the ring or upper wall of the uictima, and curve it will up under the pulse symplysis, to aveid chagging its point in the mission in the floor. The catheter should remain in the uirithm at least twenty four hours the pitient remaining in hed during this period. On the succeeding and on each subsequent day during two or time views, a full-cared metallic sound should be passed into the bladder, and we at once remained. The operation is attended with very little para, have requires the use of chlorotorm, and the commencial within doors amounts only to a period of thim three to four days.

My own methrotome, which has not hitherto been described, as seen constructed that the smallest size which can be no led may be amployed, much smaller than it is possible to adopt with the nucleation of Civiale's instrument, no special apparatus being necessary, as in his, to make the blade project. And it is solely for the sake of having a size thus small for exceptional cases that I have designed it. It is employed in a manner similar to that above described, excepting only that is making the incision instead of diawing outwards the entire instrument, as in using (iv alc's methrotome, if it ouly necessary to draw outwards the handle of the blade to an equal extent the cann't remaining a sital and being at the same time firmly pressed downwards on the floor of the urethra. The projecting of the blade is provided for in the simplest manner, by merely drawing it oritwards from the bullous extremity, which is slightly carved for the purpose of concealing it, (see Figs. 2 and 3). There is no provision, however, for

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Fig. 3. The architecture of the smallest six.

Fig. 3. The same with the distribution of the smallest six in the 5 blade.

The lart of these small and a lart on a systemiliar to that if our notation at simplified by it 3 becker. It this is taken of the familiar to find it in a six on the Protate, given posity that in the latter a real case of the notation of the contributed and the six is recovered large, while the familiar the smallest the trade.

regulating the degree of projection in the blade, as in Civide's , but this power is raicly required because it is undesirable to use anything

like the magnin a legen of a decima in that instrument. It is the modern degree war's in almost always required, so that the advantage of a little at a parates is rather apparent than real. I have been carofal as no materiations to a lept a degree of projection which is not estable of date, having but the whole of which is necessary if an introduce regared at ali. It is intended, moreover, only for those very marrow streetmen through which it is not possible to introduce one of Cwale's metronauts; being made therefore only in a small sero, derroy of admitty of are still less necessary. In order to estimade exactly the regard of projection to be employed, it may be stated that when the search expend, the distance between its point and the back of the instrument, when applied to the ordinary catheter so de, equals only the diameter of No. 14. The full medium degree of projection which I not in Civille's instrument, and which I think wright fort, or many, to be exceeded, is equal to No. 18 of that scale, Although the court sets wift or instrum, at admits of its being used to cut in an devoly, I have in version i agon to exceed the projection atove mileuted

For the division of attictures at or near the external mentus, the following method of accomple-hing it is, I think, the best. Such constrictions are generally remarkably obstinate and unimprovable by dilatation, and are quite entable by incision, which however should be free. The most perfect metrument for the purpose is a small history i carbo, which may be employed with or without previous dilatithm, according to the coldre of the contraction. Having previously arranged by means of a view in the handle, the extent to which the blade is intended to project, it is introduced fully through the contraction, the class of the blade being directed downwards, pressure is week on the her the and the institutent is quickly drawn outwards. A play of oded out, of the size of a 12 or 14 bougie, is then introdoesd, and but there until the patient requires to pass urine, when it r removed and ex manual for another. After a day or two the patheir may more lar for him elf a short metal honge of full size, about three makes long, and penneled with a handle sufficiently broad to absente the possible of its slipping altegether into the arethra.

I shall now very builty remark upon some accidents which have been known to happen after reternal irrethrotomy, as practised in some if the sound domain. Indee to be morthage, unmary extravasation, part of above, and constitutional affections, such as fever and giveness. Prefact of these, it is well known, may be occasionally entranced after the view of materians of whether had in the irrethral and in whatever purposes thay now be employed.

First abstracting convertance. I have the notes of fortytwo ones, in which interest has one of the kind here recommended from to a gest mode in obtaining rather of the methra. From menagent made and many stricture and and within one meh of the methral couldn't the other names and any a deed, whatever of an impleasant kind, unless one may regard as such some whem to file prepared listing for two or three days, an occurrence I have observed on the occasion only, and which was imput dishably dos to soluntary magnetic

dence on the part of the patient

From incisions practised for structure situated about three or four inches from the external maturs—i.e., just in front of the scrotime f have never seen any ill effects whatere. Neather temorrhage, sleeces, nor any constitutional affection, has resulted in any case which has cone under my observation. A little discoloration of the skin from eachymous sometimes occurs when the stricture is just anterior to the scrotime.

From incisions practised in the bulboas portion of the urethrathat is, in the portion comprising about an inch or an inch and a half anterior to the deep perineal fascia, I have twice seen semewhat free, but never dangerous, hemorrhage. Generally speaking, it has been slight—that is to say, as far as can be estimated, from one to three drachims at the time of the operation, and a little occaing for a few hours afterwards, often scarcely perceptible. In exceptional cases, it continues to colour the urine for a day or two; rarely, the less may amount to a few onness. I have never seen it serious in amount. On one occasion, I thought proper to control it by placing in the arethrathe largest-sized catheter it would take, and a large pad on the perfamium, made to press firmly there by means of a tight T-bandage. This was completely successful.

Posterior to the deep perineal fascia, I believe organic stricture never exists, unless from traumatic cause, which may occasion it in any part, but such an occurrence must be extremely rare. Practically speaking, I am certain that it is so. Hence it is unnecessary to discuss here the propriety of making incisions behind the deep fascia.

Perineal abscess, extravasation of urme, dangerous febrile attack, pyæmia, and inflammation of the kidneys, are occurrences it has never yet been my let to witness as a sequence of internal division of the kind recommended here. I do not doubt that they may occasionally occur, because any instrumental interference with the methra, even the passing of a bougie, is apt in certain cases, happily very few m number, to give rise to these conditions. Indeed, no one who is experienced in the surgery of urinary organs can question that such we currences must sometimes arise. Experience proved, however, la joud a doubt, that internal arethral incisions which are not deep, and which have been made from before backwards, are very unfrequently followed by the results in question. In relation to the practice of others which I have at different times observed, chiefly in Paris, where internal arethrotomy has long been largely employed, I can testify that unpleasant or dangerous results are very rarely met with after the method of operating which I have described. From the horosa treatment by deep messions, which also has bein practised there from time to time, disastrous results have happened, as might naturally 148 SURGERY.

have been anticipated, and such treatment I cannot too strongly deprecate. Such occurrences have had the effect of raising an unfortunate prejudice in this country against urethrotomy in any form.

[After the reading of Mr. Thompson's paper, Mr. Coulson made the following remarks]

Efaving adopted internal urethrotomy both in public and private practice, he was enabled to speak of its merits, and the plan of performing the operation There was one indispensable condition, namely, that the operation should be preceded and followed by dilatation without first delating the stricture, the methrotome could not be carried behind it, and after the operation was performed, unless d.latation were omeloyed, the stricture would certainly return operation was, in fact, an aid to dilatation, which it rendered more casy, prompt, and effectual. The objection naturally arose, that if the urethra could be so dilated as to admit the bulbous part of the instrument behind the stricture, why should not dilatation be continued until the cure was effected by this means? But it was well known that cases often presented themselves in which dilatation could be carried only to a certain extent, and that far short of restoring the natural calibre of the canal; cases in which the contractility of the stricture was so great that retention would frequently ensue as the consequence of attempts to carry dilatation to the necessary point. The part of the urethra in which he (Mr. Coulson) had most frequently performed the operation was in the anterior four inches of the canal; sometimes close to the urethral orifice, and at other times further back, involving sometimes only a ring-like stricture, and at others a length of tissue two or three inches in extent. He would allude to one point which the author had omitted, -namely, that the removal of the stricture if elongated, might require the operation to be repeated on two or three occasions, as in such cases the whole of the structure could not always be divided at one time, with prudence. He believed that the operation, when carefully and properly performed, was attended with very little pain, much less indeed than that attending the threible use of the catheter or bougie, and he had not known any orjanous results to arise from it. If any danger attended the operation it would be when it was performed at the bulb, and to stricthree at that site he had not often applied it. The instrument used should be of sample construction, easily handled, and, above all, one which would readily divide the resisting them's without dragging or last rating the indicated parts or pushing before it the yielding walls of the emetican the believed that the urethrotome of trial the mittier had said sted, was best muted to the purpose. For contem tions of the ording or studies near the aperture, he considered t'est a closed insteary, such as he then exhibited to the Society, was the preferable matrament. The incision should be generally carried along the inferest surface of the canal, but in some cases it was necessary to divide laterally in order satisfactorily to relieve the structure, and after the operation a full-sized catheter should be introduced and left in still from twelve to trenty four hours. Mr. Coulson repeated that this proceeding was only applicable, in his opinion to those exceptional cases in which patient dilutation failed to effect a cure—Lamet, Oct. 15 and 22, 1859, pp. 385, 336, 400

71 - ON THE TREATMENT OF URETHRAL STRICTURE By Robert Wade, Eq., Senior Surgen to the Westminister General Dispensive

The means adopted by surgous for the relief on cure of urethral stricture are usually classed under three heads—let Diletation, 2nd. The application of some escharotic substance to the discussed tissues of the urethra which form the obstruction, 3rd Division of the stricture, either from within the urethral canal by some cutting instrument, as the lanceted catheter, and a host of other contrivances,—or, from without, by external incision, now commonly called perincal section.

These three methods might, it appears to me, be very properly classed together under the first head, as the two latter will seldom prove effectual without the aid of the boughs or other dilating instruments.

The term dilatation is, however, commonly restricted to the method in which dilating instruments only are used, that process being effected without the assistance either of escharotics or incision.

This unaided or simple dilatation is the method which, for a long time, has been principally relied upon by British surgeons for the relief

or cure of urethral stricture

There is, I believe, no better method of proceeding in a very large proportion of cases, and such has been its successful results that many very able surgeons have discountenanced every other mode of treatment.

How, then, it may naturally be asked, does it happen that a plan of treatment so simple, which has proved so efficacious in the hands of some, should so signally have failed with others of equal surgical celebrity? indeed so unsatisfactory with the latter has often been its effects as to cause them to resort to treatment more severe, and sometimes even hazardous

This discrepance evidently admits but of one explanation, and that

is, the particular manner in which dilatation is conducted.

My own experience has convinced me that the great error with regard to dilatation, has been an attempt to do too much at a time, by which the disease has been aggravated instead of relieved. The urethra is, in fact, but too frequently treated as if it were an inert lifeless tube, and not a living structure possessing more or less exquisite sciences.

Who can wonder at the tailure of dilatation, when that process is carried on by forcible attempts to stretch a diseased and sensitive part of the methral cand! It is true that the immediate effect of these forcible attempts may by opening more or less the contracted channel, permit the urine for a time to past in a better stream, an improvement, he sever, but of short duration; as the irritation and inflammation which are almost certain to follow will, in nine cases out of ten, render the condition of the patient rather worse than better.

It is sufficient to observe that this forcible unscientific manner in which dilatation is occasionally practised is the abuse, and not the proper use of this most admirable of all methods of treating the

generality of acethral strictures.

15 may be taken for granted that this treatment will be most successful in the hands of those who use all possible gentleness and caution in the introduction of instruments. Lightness of hand and delicacy of touch, as well as great patience and forbearance, are independent qualities in the surgeon to enable him to do justice to this simplest of all methods of procedure.

I think it will be admitted by those who are most experienced in urethral surgery, that the greatest difficulties they meet with in effecting dilatation principally originates in the previous abuse of

instruments.

Many surgeons have their favourite instruments for dilating strictures some giving a preference to the silver catheter, others, to the solul metallic sound, while the elastic gum, wax, and plaster bouges have also their advocates

Upon this point I shall only observe that no judicious surgeon will restrict himself to the use of any one of these instruments, as they will most assuredly all be found to be more or less useful, some succeeding

best in one case, and some in another.

If, however, I were restricted to the use of but one kind of instrument, my selection would be the simplest of all, the wax and plaster bouge, varying from a consistence soft enough to receive the impression of a stricture, to such a degree of hardness as will not readily

vield to bressure

It must be evident that no rule as to the best method of comnaturing dilatation can be applicable to all cases. I believe, however, that the one most generally applicable when the contraction is considerable is to common one with the common bourge, and to continue its use until some title practices has been made, when the irritability of the decay I is see as well as of the entire urethra will have become so much included as to period, without irritation, the employment of some more sold, and in many metancies, more efficient dilutors.

In hardy mitaldo structures, with few exceptions, the soft wax tanger is man trly superior to any other dilutor, and its use should not be use an analustila considerable diminution of their irritability.

tarked thereon a fire time!

Dilatation is usually described each rite, this general healt of temporary and permanent. When others I gradually by the introduction, from time to time, of hough, eatherers, or sounds, at receives the former application. In the latter, dilatation is accomplished by the continued retention of instruments in the unclinal entail for certain periods of time, of more or less length, varying according to create guin cathefer is mostly used in permanent dilatation, being much likely to cause urethral irritation than no fallic instruments.

The selection of either of these methods, and the best manufer of carrying them into effect in particular cases, most, of course, depend

upon the judgment of the surgeon

There is another kind of dilatation to which the term "aprelai" has been applied. Particular matruments of various kinds have been invented for the purpose of effecting dilatation more promptly than those in ordinary use

We have had dilators of water, of mercury, and of air, which have

been much landed by their inventors.

I have as yet had no reason to believe these dilators to be preferable, or even comparable to those in ordinary use, such as boughes, catheters, and sounds, which are much more manageable than the former.

I must not omit to mention two modes of accomplishing prompt dilatation which have lately attracted considerable attention, those of Mr. T. Wakley and of Mr. Holt. The dilator of Mr. Helt is a modification of Perrève's instrument. Mr. T. Wakley's instruments are too well known to need description.

From the strong testimony of their good effects which both these gentlemen have brought forward, it cannot be doubted that in some cases these dilators may be used with advantage to the parient.

I shall merely remark, with regard to their employment, that from the great power and complete command over the arctime obtained by these dilators they should always be used with the caution so strongly recommended by their inventors

Urethrotomy, or internal division of strictures by the lanceted catheter, and other cutting instruments, has been but little practice in this country. In this method, division is effected either from before backwards, or from behind forwards.

In impermeable cases, the section is made from the front by introducing as far as the structure a tube containing a sharp blade, which is then thrust forward so as completely to divide the obstruction

To effect division from behind the stricture various increments instruments, consisting of a candla, with one or two cutting bladus, have been invented by the French surgious

Their employment of course assumes the permeability of the streeture, as in using them they must be passed through the obsteuction.

172 FURGIRY.

when by causing the blade or blades to project, division is accom-

Internal section was principally practised in this country by the late Mr Stafford whose instruments invented for this purpose, are well known. Next to Mr Stafford, this method was more frequently adopted by Mr fintene than any other British surgeon. It has occasionally however, been had recourse to by others, but the practice of internal incession of methral strictures has never been generally adopted in England.

Division of the struture from behind forwards is undoubtedly the best method of effecting internal incision baving however, the great disalventage of being applicable only to such obstructions as are permeable by noticine ats

The latter mode of internal section is held in high estimation by many brench surgeons whose opinions however differ considerably as to the extent to which it is desirable to carry the incisions. By some very superficial incisions or incie scanifications are practised, dilatition hency afterwards completed, of her entirely by the bouge, for with the aid of an occasional application of intrate of silver. Others practise the free or complete division of the discased tissues forming the obstruction. The best practical information regarding internal section of urethral strictures will be found in the excellent works of Leroy D'Etiolles and of Civiale, who have had very great experience of its effects.

According to Civale, to be successful, the incisions must include the whole of the morbid structure. Reybard whose work on Structure, which hears the stamp of great talent and originality, to which was adjudged the Argentenul prize of 1852, boldly advocates the absolute increasity of dividing not merely the structure, but also the arethral parieties at the seat of disease, leaving only the skin undivided.

M Reyland's value on this subject cannot be understood without some explanation of his pseudiar pathological views regarding urethral stricture. To use the works of his reporter, M Robert, "Reybard, with all pathologists, considers blunorrhagia as the most common cause of strictures of the methia, but he goes beyond the received ideas when interpreting the part played by these phlegmans in their production. According to him all structures due to this cause are constituted in all equals of their evolution by a tissue, anormal, or of transfermation as in at 1 year grown it, by thickering by induration of the urethral particle by is one ally inclusted. M Reybard considers that structure proportion of meaning the structure and that their diverse former sustains but one and the same affection."

Most surpoint of much experence in the treatment of urethral iterature will have ely, I think adout the hieral applicability of M. Hedwirds patch has worsen this object. It appears to me a first that the following which was non-set love derived his patho-

logical protety; e of structure from one particular form of the discose, in which slasticity and retractility are so strongly marked as to rectar the or imary nonle of treatment by distation unsatisfactory.

I be rever with other path togeth that the peculiar transformations of the urethea into a structure if new finiation, closely resembling in its properties the tissue of contrices, is by no means as W. Reyland supprises, an essential character of methral structure My own. experience induces me to believe that although the transformation of strictures into a cicatricial like tissuo may sometimes occur in their early stage it does not usually take place until a considerable length of time after their formation. I have good reason to conclude that so far from this fibroid transformation being an essential element of the disease, many urethral strictures of several years' duration consist merely of an inflammatory condensation of the part affected events, in many cases in which symptoms of stricture have existed for several years the bongie has afforded no evidence of the cicatrix like transformation I may add that the satisfactory results of the use of the bouge in these cases is to my mind evidence enough that the new tissue which M Reybard considers as characteristic of stricture. could not then have been formed

Every surgeon conversant with the treatment of strictured drethra well knows the difficulty in effecting satisfactory dilutation in the truly elastic india-rubler-like stricture. I should not have dwelt so much on M. Reybard's pathological views were it not for the hazard one practice which they have led him to a lopt and recommend as the only satisfactory method of treating drethral obstruction.

There appears to me no sufficient reason to believe that there is any peculiar transformation of tissue in urethral structure which is

not the effect of ordinary inflammation

My own experience of internal action has been but little, and that little not the most favourable, as I have found great difficulty in keeping sufficiently open the aperture made by the kinfe. Except in cases of urithal contraction at the glass penis, in which, from its peculiar density of structure, free division by the kinfe is the proper and most effectual remedy I have resorted to internal section only as a means of immediate relief in urgent cases.

Internal division of strictures at the bulbous portion of the urethrat canal has not infrequently been attended with unfortunate results, such as profise bemorthage extravasation of urine, and purulent infection. Mr. Gathine has informed us that after this operation, urine may be extravasated, matter may form externally, or be discharged in quantity from within "he adds, 'these are accidents which may befall any one, although they do not often occur, that in whatever manner the urethra may be divided, whether for a stricture only, or for a fistilla in perineo, any and every operation may lead to the excitement of a fever resembling ague in its paroxysius, and to the formation of matter in different parts of the body, in a similar

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moment to that which I believe I was the first to show did often happen after amountation. It is a misfortune that cannot be avoided; and he is fortunate in whom these depositions of matter occur in parts

not essentially vital "

If the contracts on should be anterior to the bulb internal section, when properly performed, appears to be attended with but little risk to the patent. My own practical experience of this method has, however been so limited that it would be presumptuous in me to give an appear on the subject after the strong testimony addition its favour by threate and others.

External division, or perincal section, from its advocacy by Professor Synie, has now become so celebrated, its merits and demerits have been so fully the nevel, that it will be unnecessary for me to make

many ole, reations on the subject

It is well known that this operation was formerly, with some few very rare exceptions practise I only in impermeable strictures, being always regarded as one of dishculty and danger. Mr Syme has certamly much improved to proceeding by the previous introduction of a graced staff or du et ir men which the stricture is divided. Surgeons were confidently told that all those difficulties hitherto met with in the treatment of urethral stricture were at an end, that a new and royal path had been discovered which would lead to the cure of the very worst forms of the disease Permeal section, as described by Mr Syme, was a "simple and easy mode" of curing permanently the most difficult cases of urethral stricture and unattended with That "division of a stricture by internal incision is danger to life sufficient for the complete roundy of the disease in its worst form, that in cases of less obstorms, but still requiring the frequent use of the bange, division is to icrable to dilutation, as affording relief more farinamently and rafely

From such a description from such high authority, it cannot excite advices that the new proceeding became for a time, the fashion. No operation has probably been more fully tested than perine disection. That the sungime expectations regarding the extraordinary efficacy of this operation should have ended in disappointment is nothing more than his accurred with other remedial measures which have disap-

pointed expectation.

Im Wade remarks that it is to Mr Whately we are indebted for the introduction and strong recommendation of potassafusa as a valuable therapeutic agent in the dilatation of the more obstinate forms of irrethral structure. Its effects are totally dissimilar to those of aitrate of silver, which causes an adhesive form of inflammation.]

I have lately seen expressed an opinion that strictures, in the dilatation of which potassa fixa has been employed, have a greater terrdency to recontraction than others in which that remedy has not been assed—the the contrary, the application of the potash, by removing more or less of the top kened issues, has the effect of direct string in stead of increasing their contractile tendency. This statement is not lightly made, but from a knowledge that in some of the more aggravate i forms of hard gristly strictures, in which I was enabled, by the use of potassa firm, to effect full dilutation after its failure in saifful hands by the ordinary means, the part its experienced no difficulty in preventing a return of the contraction, by adopting the precaution of

occasionally making for themselves a bougie or sound

In my advocacy of the use of the causto potash as an assistant to dilatation in the most argravated forms of usethral stricture. I have had to contend with the prejudices of the day which were all in favour of cutting, and so strongly against the employment of caustia, that to use it was regarded as heresy. Had it not been for this prejudice, the ample evidence addition by my olf and others of the efficacy and safety of the potassa fusa in usethral stricture would surely ere this have led to its more general use in that cases. It may truly be said that there is much in a name, and had the potassa fusa been called a solvent instead of a caustic, the case would have been far different.

When the potassa fu a is employed as a romedy for the more obstinate fams of hard greatly strictures it must be as an escharotic, and applied much more freely than recommensed by We Whately who gives the following directions for its emply wheat - In every structure, before we apply the potassi face we right to be able to pass a bounce into the bladder of at hast a size larger than the finest kind. A small hole about the sixteenth part of an inch deep should be made at the extremity of a bougie, which should be just hirze one ugh to enter the stricture. A mece of broken chastic, half the size of the smallest pin's head, should be selected the particle cannot, indeed, he too small for the first application. Let this be inserted into the hole of the bourse and pushed down into it so as to sink the caustic a very little below the margin of the hole The h do should be contracted a little with the fingers, and the remaining vacancy in it filled with hog's lard. The armed bong,o is to be passed once or twice backwards and forwards through the stricture. At the end of seven days the and cation may be repeated. The operation should be repeated toll the contracted part of the urethra is dilated if possible, to the natural size. I do not in any case apply more of the kali purum at a time than a piece about the size of a common pin's head. If a bouge cannot be passed into the stricture and it recomes necessary to apply a caustic to the anterior part of the contraction, I should certainly prefer the lunar caustic to the kali purum"

It will be seen that Mr Whately did not recommend or use the potsessa fuse in impermeable strictures. It was in impermeable irretural obstruction that I first had recourse to caustic putash, and very soon became convinced of its superiority to intrate of silver in such cases. I found that to be effective in old hard gristly strictures, it

was necessary to employ it much more freely than recommended by Mr Whately and that this might be done with perfect safety. I have on former occasions stated that the caustic potash may be advantageously applied to strictures for two purposes, one, to allay irritation, the other, to remove the thickened tissues which form the obstraction.

The plan which I adopt is, to commence with a piece of the caustic. the size of a common pin's head inserted into a hole made in the point of a soft bougie If the points of the caustic are well covered with lard there need he no fear of its acting before it reaches the stricture. The boughe should be gently pressed against the stricture for a minute or two if impermeable, and then withdrawn. When the caustic is applied to permeable obstructions, the bougie should be passed several times slowly backwards and forwards over the whole surface of the stricture. When applied to permeable strictures, it usually happens that after one or two applications of the caustic the boughe will be found to enter the obstruction. To surgeons who object to the employment of potassa fusa from the fear that the common bought is not a safe conductor for the caustic. I recommend the emplayment of the tubes or portes-caustiques, which I sometimes use where there are false passages A description of these tubes will be found in the Medical Times and Gazette of April 15 1859

As all who read this paper may not have read my previous observations on this subject, it may be as well to state that the cases in which I have found the potassa fusi most advantageous may be generally described as —1 Strictures having a cartilaginous hardness, impermeable as well as permeable 2 Strictures which bleed more or less fixely on the introduction of the bougie 3. Irritable strictures.

To a long hard gristly stricture it will be necessary to increase the quantity of the causic, which, however, should always be very gradually done. It cannot be expected that a piece of the size of a common parts head can have much solvent effect upon a hard surface of half in three quarters of an inco long.

Two or three mild applications to strictures disposed to bleed on the introduction of the bougie will generally remove their hemorrhagic disposition

An occasional apidication of the caustic potash will be found highly useful in highly irritable strictures, much facilitating their dilatation. A case may however, occasionally occur in which the use of potassa first and the bong a alone may disappoint expectation. An irritable attricture when greatly contracted and complicated with perincal fistence, often proves very troublesome and may battle the best efforts of the surgeon so long as the patient goes about following his usual avocations. In such case ngors are at the occur even after the most gention as of instruments. As the difficulty in accomplishing dilatation in such a case undoubtedly arises from the urine passing over and through the fistulous openings in the urcthra, which keeps up

more or less include and inflammation at the seat of the degree it must be remedied by the reference of the catheter, which, of course, requires the confinement of the patient to his room. With this addition to the occasional application of the potest success will generally be obtained. The case must however, be closely watched, or the retention of the catheter, if not carrielly attended to, may do harm rather than good. Time will not permit me on the present occasion to give cases in illustration of this method, or to enter further into details.

It will be seen that my views with regard to this method of treat ment differ materially from those of Mr. Whately. I do not use the potassa fuse in all cases indiscriminately, but only in such as do not yield to simple dilatation. I have found it generally necessary to employ the caustic alkali in much larger quantities than he recommended, the minute portions used by him having produced scarcely any perceptible effect upon strictures which, however, yielded to its more free application. But its greatest value is in impermeable strictures, to which Mr. Whately did not consider it applicable. These observations cannot be regarded as disrespectful to the memory of that able surgeon, as all improvements in our profession are progressive.

. In concluding this part of my subject it may be as well to state that the method of treating urethral structure by potassa fusa was brought forward by me in a paper read at the Westminster Medical Society, on February 15, 1840. It was only after having fully tested its great efficiency and perfect safety in many of the more intractable forms of urethral stricture, that I ventured to bring before the profession my observations on this subject, well knowing the prejudices with which I should have to contend.

The strong testimony which from time to time I have published regarding its efficiency and safety, has, I am happy to say, at length led to its employment by some of our best practical surgeons; and I entertain not the slightest doubt that the potassa fusa will at no distant period be regarded as one of the most valuable therapeutic agents in urethral stricture.

With regard to constitutional treatment, I shall only observe that strict attention to the general health is as necessary in the treatment of structured urettra, as in other local affections of a more or less serious character, and that the surgeoff will do well to bear in much the principles inculcated in Mr. Abernethy's memorable 'Observations on the Origin and Treatment of Local Disease."

In these days of "Conservative Surgery." it may be worth asking how far the employment of caustic potash as a substitute for the knife may be regarded as entitled to any honour in this question. If an operation is the "opprobrium of surgery" any remedy which prevents the necessity of such operation is, at all events, "conservative."

178 SURGERY

I leave others to determine how far the potassa fusa answers the purpose for which it is intended as a "conservative" agent

The conclusions arrived at from the preceding remarks may be thus

briefly summed up -

That simple dilatation is the method which should commonly be adopted, and that it will, in the great majority of cases, succeed in

affording satisfactory and permanent relief

There are, however, numerous cases in which the relief obtained by this method will be neither sufficient nor permanent, and in these the patient must depend for any considerable improvement in his condition, either on the application of caustic to his stricture, or on its division by some cutting instrument.

That internal section, when practised anterior to the bulb, is attended with but very slight risk, but when had recourse to for obstructions at the urethral curve, it has not unfrequently proved

dangerous.

That external division, whether practised according to the old method, in impermeable, or that of Mr. Syme, in permeable stricture, from its disastrous results, is an operation justifiable only in the most urgent cases.

That Mr. Syme's operation will very seldom be required, it being only applicable to permeable obstructions, as every surgeon knows, that after an instrument has been passed through a stricture, the

greatest difficulty of the case ceases

That in whatever manner a stricture may be divided, to preserve the opening made by its division, in most cases it will be necessary to have recourse to the re-ular use of the bough, or other dilating instrument for a considerable length of time afterwards.

That in intractable cases, as a general rule, I believe that the use of the potassa fusa will be attended with the most beneficial results, rendering it unnecessary to resort to the knife. I am fully convinced

it is a perfectly safe proceeding.

In concluding these few brief comments on the treatment of urethral structure, I can truly say that nothing but my knowledge that the use of the potassa fusa, in bail cases of that disease, will, in most instances, prevent the necessity of resorting to operations attended with more or less danger, has induced me so perseveringly to bring be-

fore the profession my views with regard to its employment.

I now again recommend my professional brethren to give the potassa fusa a fair trial in the more intractable forms of urethral obstruction. It must be recollected that, in recommendation of this plan of treatment, it involves no danger, that it is impossible to do harm when properly applied, and that, even should it be deemed necessary to have recourse to the kinfe, the surgeon will, at least, have the satisfaction of knowing that he has done all in his power to save the patient from a furnidable, dangerous, or even fatal operation.—

Med. Times at it in effe, June 18 and 25, 1859, pp. 625, 650

72-ON LONG STANDING DISPASE OF THE PROSTATE AND BIADDIR

(Under the care of Mr. Haway, Thompson, University College, Hospital)

Enlargement of the prostate is an affection which expears only in advanced life notwithstanding the major in entertured by many surgeons that it is a discuss very community must work when the hair beans to turn grey. In relation to this question Air Henry Thomas son states, in his recent work 'I'm the Palerged Prestate,' that although it never appears but at the period we have mentioned, yet "it is not, therefore, a natural or increasing communitant of age. It is, on the other hand, a complaint which the very large majority of cliderly men escare (ontrary to the generally received outputs its occurrence is not normal but exceptional" (p. 117; Mr Thompson's facts prove very clearly that prostatic enlargement, so far from being an invariable or usual change in the aged, is an exceptional condition We refer to this important fact here because the mistake is often made of attributing retention of urine to hypertrophy of the gland when the patient has mached a certain age. In the following case, however in which the prostate was four times larger than natural, it produced retention of urine, and we remember a very similar case under Mr. Curling's care, at the London Hospital, some months back

In the present instance, besides the enlargement, there was much disease, which was participated in by the thadder, producing retention of urne to the extent of five pints. The precaution adopted in this case of drawing it off at intervals, to prevent a fatal syncope, is an essential point which cannot be too much insisted upon, for we have seen on more than one occasion, a fatal result cusue, in an aged patient, by completely emptying a distended bladder at a single sitting. Mr Thompson, so far as we are aware, appears to be the only writer who specially draws attention to the subject, and the value of his remarks is our excuse for quoting them entire—

"In very rare instances, the removal of a large quantity of unne, amounting to several pints has been followed by fainting and depression, from which the patient has never railied. When the extent of vesical dulness is very considerable, it is therefore prudent to afford rehef in a gradual manner, and, supposing that the catheter is retained, this may easily be accomplished. The removal of some thirty or forty ounces will probably afford complete ease, and after the lapse of half an hour or an hour, another portion may be withdrawn, in this manner the bladder may be gradually brought to ad, it itself to the normal condition of contraction, which subsequently, as a rule, must be ensured at least once or twice a day" († 150)

The interest and importance, therefore, of the subjoined cass will be at once recognised, for the patient was not only aged, but weak

and debuitated. A fatal syncope was averted by the treatment adopted, but owns, to other causes, he succumbed nine days afterwards

An extremely infirm old man, aged seventy eight years was admitted for rehef of retention of urine on the 27th of April 1859 Several attempts had been made before his admission to pass a catheter, but with at success. We Thompson, being in the wird at the time, exammed him name hately, and found the bladder forming a large tumour, reaching to the umbilious. The patient was suffering great agony and was much exhausted. He passed a No. 9 silver catheter without difficulty into the blad ler, when a quantity of dark-coloured and facted urns flowed. The patient showing signs of increased weakness, and the pulse, which was carefully examined throughout, becoming very feeble, thirty ounces only were withdrawn and the catheter storped, and tied into the bladder,-Mr Thompson remarking that a large quantity of urine remained in the bladder, and that in such a subject it was extremely dangerous to withdraw more than a moderate quantity at a time He stated that he had known death from syncope to occur through neglect of this precaution. The prostate was found to be considerably enlarged by rectal examination, and the bladder pressing down into the bowel fr m extreme distension. An hour afterwards, he withdrew rather more than a pint, and four or five hours afterwards, more than two pints and a half, which emitied the bladder. More than five pints had thus been withdrawn in the same untober of lours The catheter was left in Stimulants and strong fluid in unshinent to be taken freely

April 2"th. The silver catheter was exchanged for a gum catheter. The patient much better, and expresses himself as greatly relieved.

Afth The gam catheter having slipped out in the night, it is found that he has no power to void any urine by his own efforts. It is replaced, and a piece of India rubber take, about four feet long, is attached to the mouth of the catheter, the other end of the tube being placed in a vessel beneath the bed. Mr Thompson is in the labit of adopting this plar, which effectually prevents the bed from being wested and carries off offensive urine to any distance from the patient which the condition of it may make desirable. In this case, the urine is extremely facted and loaded with muco-purulent matter.

[The patient gradually sunk, and died on the 5th of the next month. The prostate was found cular ged and indurated, the bladder sacculated and hypertrophied, kidneys congusted, ureters not enlarged]

the t flowing is from Sir B Brodie's Lectures on the Diseases of the termary diggain p 200 fourth edition, 1849). He strongly enforces the nocesty of avoiding the sublen emptying of the bladder in as a tignoid latencies of that viscois. He absences []

It is embline, between the effects produced by the use of the

11 1 1 1 1

catheter, in the way and under the executations with a force; we endeavoured to describe and these which for with a personal properties to my in a patient similarly coremestanced in the object to the force who had been as for the system suffers from the shock of the operation of neutrone and on the discrete suffers in the same memoral or the ingression made on it by the suffers on the pressure which is a distribute the same of the court of the pressure which is not be to could the medians of the dilated unctors on the glandular structure of the kidnings.

"Here then, answer an important practical greeters. The path of his no claime of recovery without the near of the cutlater. Are we to leave him to his fate? Or are we to empty his blad in a at certain intervals, at the risk of hestering his disolution? I have no doubt that we may, in many instances at least obtain the good and avoid the evil by a slight mal feation of the treatment. It is to extheter be introduced at first so se to draw off only a part on of the centeuts of the bladder and let several days be permitted to chape before it is completely emptied, care heing taken at the same trace to uphold the general health by the exhibition of animous, quantic and other tames exhibited according to circumstances, and combined with the princent use of wine or brandy, and a plain but natritious dist.—Leaver, June 18 and 25, 1863, pp. 610–631.

73—ON SOME OF THE DIFFICULTIES ATTENDING MEON THE TREATMENT OF STRICTURE OF THE URLETHRA

By HENRY SMITH, Esq.

In the Medical Times and Gazette for August 21 of last year I detailed at length a case of obstinate stricture of the irrethra which was remedied by dilatation, and careful general treatment, after the patient had been condemned to indergo the operation of external division of the canal by a singeon of large experience, under the idea that there was not any other nathod of relief. At that time I made some observations referring chiefly to a feature of difficulty which the case detailed particularly illustrated, namely, the almost insuperable rebelliousness to dilatation, which is every now and than met with in certain instances of this affection. I was enabled to show that a case of the most obstinate and unpromising nature neight, by careful treatment, be made to yield, without recourse being but to the knife, although both the patient and his surgion were convinced that it was the only remedy.

[Though generally the improvement in the stream of urine is commensurate with the inchanical progress, yet occas anally cases occur in which there is an absence of improvement in the power of passing the urine although dilatation has been satisfactory manner j ing actionis

Next to extreme irritability of the unother, this one feature of aisonee of impresentent in the stream has been a source of greater difficulty and any game it an anything clse. Among a considerable number of very were cases of stricture which have lately been under my care, my attention has therefore been much directed towards ascertaining its cause, and removing the symptom, if it may be so tormed. In some case of these not been difficult to account for it, as whose were or more listness sinuses exist, when such is the case the bladder may be healthy and the unctima be fairly dilated, yet the patient condition of the artificial opinings, which take so long to close, allows the greater portion of the urine to percolate through them, little comes through the uretima and that little in any volume. In instances of this kind the patients may be assured that the stream of urine will increase as the sinuses close up, slowly as that event is too often known to take place.

There are, however, other cases of severe stricture, uncomplicated with hatalans of energy in the permeum where the surgeon has been able to carry on distration in a satisfactory manner and to such an extent that a good stand catheter may pass, and yet there is either no improvement at all in the stream, or, if any, it is so slight as to be almost inappreciable. This obtains also not only in instances of stricture in persons of advanced ago and of debilitated power, but it is occasionally not with in patients either in the very prime of life, or in those not much above adult age. It is in some of these latter cases that it is extremely difficult to understand the meaning of this symptom.

It is considered by some men of large experience that it is the bladder alone which is in fault, that it has become weakened and dilated by the persistence of the obstruction in front, and that, even when this latter has been removed, the viscus does not recover its tone saids could to expel its contents in an effectual manner this is the true solution of the question in some instances there cannot be much doubt but I am induced by careful observation, to believe that in a considerable number of these cases the loss of power in the bladder is now apprent than real, and that the impediment to the volume and flow of the name is in the urethra itself, notwithstanding that dilutation has been carried on to a measure with which the pass ng of prine in a small stream or in drops even seems almost mountable. I have noticed that this very distressing feature has existed both in instances where the stricture has been exceedingly chillen't to pen trate, the canal not being especially urriable, and in those cases where there has not been very much difficulty in overcom-" the obligation but the arctura has been extremely sensitive, I have moreover, not oil, especially in the latter cracs, that more than a single stricture has exited, that there has been one near the mustas or one or two mains from it, and as a rule, with but rare exceptions the atterior stricture or strictures have been found to be me at critically and any claims.

In such instances as these it is extremely dufficult to overcome the irritable condition of the urethra, and to dilate the canal, and then after this has been accomplished to such an extent that a No 8 or 9 catheter is introduced, there is the mortifying result of little or no increase in the stream of urine, or even of a diminution in size Now. I believe that in such instances, especially where the patients are young or the stricture has not lasted long the fault is not in the bladder, but that that organ expels the urine with its wonted power, and that the fluid coming in contact with the irritable portrin of the canal-although it has been driated to the extent mentioned-causes it to contract forcibly, and thus produce the fine stream observed Careful examination of the urine in these cases shows absence of any disease of the bladder, and mercover, it will be seen that, small as the stream is, it is expelled with considerable force and continuously, which circumstance will not be produced, I apprehend, by the mere action of the urethral muscular fibres, whether voluntary or involuntary. In a very well marked case of simple loss of power in the bladder lately under my care, in the person of a very fine young officer, all the symptoms of stricture were present; but there was hardly any impulse at all given to the urme as it was being evacuated, and the patient was compelled to strain violently. There was not the least obstruction in the urethra itself, and by well emptying the bladder artificially, and by attention to the general health, this viscus gradually regained its tone, as evidenced by the increasing size and force of the stream.

In the treatment of the cases I have been considering, much patience is required both on the part of the surgeon and the sufferer: for, as I have before stated, the latter is too and to be greatly disaspointed at the little improvement which is perceptible, and in his distress is too hable to be musled into undergoing some heroic treatment which may either destroy his life, or give relief merely for a brief period. It is only by the continuous dilatation of the discussed canal to as great an extent as it will admit of, that the result so much desired will be obtained. If the patient is not advanced in years, or has not had stricture for a long time, be may be assured that a persistence in the treatment will be attended with satisfactory, results; sometimes the desired relief will happen auddenly, at other times, and most frequently. the increase in the power of urinating will be only gradual, but will not be marked until an instrument of considerable size has been introduced. When, however, the features of the case indicate that the want of stream is due to a loss of power in the bladder, a long time clapses before the organ recovers itself. although the urethra has been well dilated by the surgeon, and is kept patent by the sufferer himself. It is especially important in these cases to attend to the general health, for it will not unfrequently be found that this has suffered much, and that the loss of power in the bladder is but a symptom as it were of constitutional debility, rather than the mere result of an obstructed unethra.

Sometimes it tappens that in a severe case of stricture the earlier attempts to delate are attended with an improvement in the stream which is satisfactory to the patient. Then this improvement ceases. and does not show it elf again for a long period, although the dilatation may be steady and progressive When such a circumstance occurs there can be no doubt that the bladder is not in fault, but that it depends upon the irritability of the urethra, or an insufficient dilatation of the stricture. Without going into details, I may mention a case of a patient, aged 45, who was under my care from December to April, the stricture was of fifteen years' standing and situated in front of the balb. Treatment at the hands of various surgeons of expenence had been pursued, one of whom had performed internal incision on two occasions. The urethra, moreover, had unfortunately been wounded on one occasion through the stilet of a gum-elastic catheter escaying from the instrument. I commenced the treatment of this difficult case by dilating with silver catheters. The size and power of the stream of urine increased in proportion with the instruments, untall had got up to No. 4 and 5, but subsequently to this there was a good-deal of irritation, and when a No. 8 or 9 had been introduced, the stream of urms was not larger than when a small instrument had been passed. Dilatation was, however, patiently persisted in, and after No. 10 had been introduced the size of the stream again increased and continued doing so until I had arrived at No. 13, when I dismissed him able to pass his water in a good stream.

This case is interesting, as illustrating not only the particular point. I have been dwelling upon, but it shows also how utterly useless is the practice of internal incision, in remedying a stricture for any

length of time

The practice of external division of stricture, which a misapprehension of some of the symptoms and an insufficient reliance upon the power of dilatation and other agents, was the means of bringing into use a few years kine, has now been proved beyond all doubt to be so dangerous to life, and so inefficient to produce the complete remedy once so wainted, that it may hardly seem necessary to consider this subject here.

I have before enunciated the opinion that not only does this operation not prevent the return of the stricture, but that the re-contraction becomes more severe than before.—Med. Times and Gazette, Aug.

13, 1800, 2 157,

74—ON THE EMPLOYMENT OF EXTRACT OF BELLADONNA IN THE TREATMENT OF IRRITABLE BLADDER

By Henry Bounend, Esq.

[Cases of irritable bladder seem to be on the increase, especially among the wealther classes of society—the disease being much pre-

disposed to by enervating and invarious habits. Numerous antions within the last two or three years have borne testimony to the efficacy of belladonna in the treatment of this affection. The success of the treatment in the following case is striking.

The patient was a married lady, without family about thirty years. Some five or six years ago she had sufficed from acute dyspensia, but shower-baths and horse exercise had a miletely corred her, and she had enjoyed uninterrupted good health until alsut two years and, when she was suddenly, and without any assignable cause attacked by the complaint for which she first consulted me in August 1858. Previously to its commencement, which was in May, 1877, she had always slept remarkably well and had seldom or never been d is bed during the night, but during the last fifreen months, the irritability of the bladder had been so great as to render the immediate evacuation of its contents imperative at least three or four times during the night, and often as frequently as seven or eight times, or During the day, there was little or no notability, and the quantity of urine passed was normal, or nearly so, but in the course of the night, two or three times the natural amount was passed. pale, insipid, and, when tested, free from sugar, albumen, or other abnormal constituents. The combined effects of the loss of rest and the drain of fluid from the system had materially affected her general health. She had lost flesh, and suffered much from thirst, headache. and nausea, especially upon rising in the morning. She was touch depressed in spirits, and took a desponding view as to the ultimate result of the malady I prescribed successively the tincture of the sesquichloride of iron, compound tructure of valerian, tineture of hyoscyamus, liquor potassæ dilute mineral acids, sea-bathing, and change of air and scene, without the least amelioration of the symptoms; and upon her return to town at the commencement of Uetober, I decided upon giving the extract of belladonna a trial. She began taking it in doses of the twelfth of a grain three times a day in the form of a pill, and was at this period always disturbed four or five times in the course of the night and often much more frequently. The beiladonns was at once increased to the third of a grain three times a day, or a grain in all, as soon as I found that its use was not forbidden by any prenharity of constitution. These doses were continued for about xix weeks (with the occasional intermission of a day or two', at the expiration of which period its toxical effects began to manifest themselves; for though the pupils were not dilated, yet vision was not no mal, black spectra appeared the mouth and fances were parched and dry, and there was occasional nausea. Already the improvement in the symptoms was decided, my patient slept better, and was never disturbed more than three times in the night.

As it is a recognised fact, that in order to obtain the full sasount of benefit from the belladonna, it must be pushed until its specific

symptoms are quite established. I now increased the daily amount taken to a grain and a half, in the proportions of half a grain in the morning, and one grain at nine PM. In the course of three or four days, the purils became dilated, the nausea extreme, and there were repeated efforts to womit, for the most part meffectual, but occasionally followed by a little glarry mucus. The irritability of the bladder ally followed by a little glarry mucus became almost entirely subdued, she was disturbed once only, or at toost twice, throughout the night and the quantity of urine passed was normal, or only occasionally slightly increased. The belladonna was at once discontinued, the general health rapidly improved, and during the past six months the cure has been permanent, and my varient has continued perfectly free from any recurrence of her distressing complaint except that a slight tendency to irritability of the bladder manifests itself now and then, for one or at most two nights in succe spin, but passes away of itself, and is not of sufficient consequence to require any treatment.—Lancet, June 25, 1859, p. 630.

75.—On Amputation of the Penis. By Thomas P. Teale, Esq., Surgeon to the Leeds General Infirmary—[In a note on this operation, referring to the difficulty which is not unfrequently experienced after amputation of the penis in keeping the orifice of the urethra open, Mr. Teale remarks]

To obviate this difficulty the following simple plan has been adopted, and, as far as I have observed, invariably with success. After the operation of amputation of the pens has been performed in the ordinary way, a director is introduced into the urethra, and by the aid of a bistoury the urethra and skin covering it are slit up to the extent of about two thirds of an inch. A single suture is then placed on each aide of the shit uniting the mucous membrane to the skin. Perfect patency is thus given to the ordice, which is of a long oval form; and, after cicatinzation is complete there remains a free opening into the urinary canal. Hereby, the free discharge of urine is secured, without any medianical aid being required not only during the days immediately after the operation, but also after the cure is complete.

I have adopted the same plan with equal success in the treatment of obstinate stricture at the glans penis. Cases of this kind are occasionally mot with in hospitals, resulting from the cicatrisation of sores within the arethra near its orifice. These strictures are readily relieved by boughs and, the patient instructed in the use of these instruments might easily keep the passage open, but he neglects to do so the die ascirchaises and he presents himself again and again at the hospital. Such cases I have seen permanently relieved by shitting up the arctira to the extent of two thirds of an inch, and uniting the minicona membrane and the skin on each side by a single suture.—

Med. Times and ti caste, Oct. 5, 1859, p. 454.

Hydronale—We have previoud it is not to each of hydronals by the passum of wires in of radical cure has proved one could infolled k scare, at St. Accordes Hospital—On appel a very large hydrocale of the right side with irow about thirty onness of fluit, con of cholesterine—A medic and wire were cannot and out of the sac. The causin height then tied, and thus formed a better A of the right ade was theways tapped, and and the same process adopted of introducing

ISES OF THE SKIN.

OF PIGNENTUM ALBUM IN SOME ANEOUS MALADIES.

ALPRED FREED, Esq.

ation of the profession to the great value of I agent. The preparation itself is necting linseed oil and carbonate of lead, subled upone. I first became acquainted with its great of eryspelas by my late father, and by my in this disease that the most striking benefit in. I have never yet met with a case of this lone immense good. I find it for superior to it fomentations, nitrate of silver or collection, it proves of the greatest service perhaps in in. In chronic erzematous eruptions of the flort, and often speechly effects a cure. Of its employment to other complaints of the its several forms. I have tried it in some cases.

of small-pox with the view of diminishing the number of vesicles on the face, and of controlling their size The latter indication it seems likely to fulfil, but I cannot speak with confidence about the former. the papules being already numerous at the time of my visit also used it in several cases of cubuncle and furuncle The first was in an instance of a linge carbuncle, situated on the loin of a man and rapidly extending, notwitustanling free incisions, lineed poultiess. and appropriate constitutional treatment. I applied a thick, wide circle of paint round the swelling and dressed with resin ointment and cotton wood. There was no advance of the disease from that time, the centres rapidly broke up, and recovery took place. It is, however, probable that the opposion of the warm paultice may have contributed to the unprotement, for I have often observed that warm poultices, however well made, seems to foster and spread carbuncular inflam-Bitt 7 11 17 1 19

The paint seems to act in two ways—first, and chiefly as an efficient, achiefly of the air—that great initiant to the cutaneous surface when discribered, and secondly, as a direct solutive to the sentient merive filaments rendering the n less prone to become involved in inflaminatory action—In boils it relieves the painful tension, and favours resolution—In some forms of painful ulcers of the leg, of a small size, it gives great rehef.—In galling of the skin, where anasarca is present, it is also of use, and is the best application that we have in burns of the first and second degree.—But it is in erysipelas that its triumph is most mainfest, the patient soon finds the confort of it, the tight shining skin soon becomes wrinkle I and shrunken, indeed, the inflammation very rarely extends after the second or third painting

All my friends to whom I have recommended the pigmentum album speak highly of it, and one, who is a surgeon in the Pennsular and Oriental Company's service, has used it for the last two years with great success. The manner of applying it is by means of a feather; painting the affected parts and a lottle beyond, and laying on a fresh cost every two hours or so until a thick layer is obtained, and then sufficiently often to maintain a covering. In crysipelas, it peels off in a week or so with the shed cuticle, leaving beneath a smooth, clean, healthy surface. Patients are struck with the benefit they derive from its employment—Lancet, Jame 18, 1859 \(\rho\) 610

78-ON INCISIONS IN ANTHRAX

By MAURICE H COLDS help, Surgeon to the Meath Hospital, and C unty Dublin Informary

The incision into anthrax, whether made early or delayed till aloughing has done part of the surgeon's work must be deep rather than extensive i maily it is said a itlerax is a flat swelling. The fact of its flatness or rather of its extent index the real amount of

elevation which is, in most case, considerable Honor mount in mito anthrax seldom go down thro 11's the mila ned skin and arm for the use But even if they del go down to the fascia, they would fail in effect unless they also went through it. The fascia is highly infiamed in anthrax, in fact the essential difference of anthrax from formacle consists in the inflammation being deeper and implicating the fascia-When fascia is inflamed, much plastic exudation takes place both in its substance and under it, and the tendency of anthrax to spread indefinitely is to be thus accounted for. The pent op plasma, quickly producing ous and slough, can get no vent until there is an adequate onening in the fascia, and this opening should be made by the surgrou as early as possible, if he would avoid the unpleasantness of meless and repeated cutting, and the extensive sloughing which will occur if he neglect to make it Plastic exudations find great facility in travelling under the fascia, dissecting and destroying its vascular connexions and ultinately causing much of it to perish. This is well known, as a general principle of surgery, and it is strange to find it overlooked as the cause of the spread of anthrax. We readily acknowledge the mischief it does in periostitis, in diffused inflammations of erysipelatous character or connected with paronychia, and in many other analogous cases, but books of surgery are, for the most part, silent about it in the case of anthrax. And yet every one must have observed phenomena which can only be explained by it extent and mode of extension of the swelling, the real depth to which the surgeon must cut if he is to do good rather than harm, and the fact of large flakes of fascia ultimately coning away as dead core (in addition to areolar tissue), leaving the underlying muscles bare, must have been often observed, and must often, doubtless, have had their influence on the practical observer, but the junior surgeon and the pupil have not been shown their practical bearing. The rule I have given above, to cut deep rather than wide, is founded on the observation of these facts, and will be found satisfactory, saving the surgeon the opprobrium of cutting twice or oftener without benefit to his patient. It is very easy to know when we are deep enough, by taking hold of the flaps made by our crucial maision we feel if they are quite loose. Our incision is not deep enough unless we can lift up the point of each flap with ease from the parts underneath cannot be done unless our knife has gone through the fascia and made a crucial incision in it almost as extensive as in the skin wounds we have made should be almost as deep at their extremities as in the centre, where they intersect. If we have made our measions early, before actual sloughing has commenced, as we sometimes, though rarely, have an opportunity of doing, the flaps will carl up if the wound is deep enough, and will leave a widely gaping wound, but if we do not see the anthrax until more or less of the akin is undermined and deal the gaping of the wound will not be so marked, and the best test as the one I have given above, of lifting the flaps with a forceps, and proving that they are loose. If this rule is followed, we shall have few cases in which we must come and cut again,—Dub. Quarterly Journal, Ang. 1859, p 205.

79—Chlohydric Acid in Cutaneous Affections By M KLETZIN-SEI—From a great number of experiments made with different agents, it results according to the author, that none provokes or stimulates the cutaneous perspiration more than chlohydric acid. A portion of the skin wet with this liquid perspires in the same time, and under the same circumstances, 27 to 30 per cent more carbonic acid, and, what is remarkable, 7 to 12 per cent less water, than the same portion not wet. The anthor concludes that,

I The chlohydre and re-establishes the circulation of the blood when it is periodically interrupted and accelerates it. It consequently

cures chibbans, and even prevents them.

2 It diminishes the uncomfortable sweatings of the hands and feet, and causes them to cease entirely after a long-continued use of it.

3. It is employed with success for the following diseases of the skin:

aone selacea, nævi, condylomitas.

4. It does not injure the skin in any way, if properly used; on the

contrary, it softens it, and can be regarded as a real cosmetic.

When employed, it should contain neither from nor chlorine. It is used as concentrated as the patient can bear without feeling a burning sensation, and after thirty to sixty seconds the wet part is washed at first with pure water, and then with soap and water. For application to very sensitive parts of the skin, the acid should be greatly diduted with glyceine, and neutralized in a very short time.—Echo Medicale—American Med. Monthly, June 1859, p. 460.

80.—DISINFECTANT POWDER FOR GANGRENOUS SORES.

[The authors of the discovery of the powder which has seen pretty extensively used in Paris are MM. Corne and Demaux, the former a medical practitioner in the south of France, and the latter a veternary surgeon [

This disinfectant, or absorbent, is composed of two very simple substances in given proportions, viz., 100 parts of common plaster of Paris, with from one to five parts of coal tar. These two substances are triturated in a mortar or by means of some other suitable mechanical apparatus, the result being a greyish powder, having somewhat the appearance of prepared chalk, and possessing a moderately strong bettingone educing It may be applied to the surface of sores simply in the chape of powder, or it may be used in the form of an outlinear produced by combining the powder with a certain quantity

ency being determined by the greater or less d in its preparation. The oil judike water, inter, caused the particles amply to cohere in by the gradual channation of the oil, still resorbing the pus so long as it remains in conng sore, a certain portion of the continent is ar proportioned to the damen room of the sore. er directly, or a layer of some thin texture is ording to the nature of the case or the object set application to a some does not produce the scording to Velcenu, this application, lasides other morbid products engendered on the surthe double advantage of disinfecting them, and I have followed MM. Come and Demanx in a Charité, and have can fully observed the erent kinds of sores by their new mode of rhole, I have been very favourably impressed ever, wish to be rush in forming my opinion as ill have been more acverely trated One thing that its application to some of the most unintion, is immediately followed by the disapnt whether this is owing to its chemical action or sumply to its absorbent power, or to its munating over every other I cannot sav. this remains to be settled by practical chemists. ambied to anatomical specimens in an advanand the consequence has been the apparent e process, together with the destruction of the companies st. Med. Times and Greatte, Sept.

dias .- We have watched with some interest of the superficial form of layers in a young f age, who has been an immate of the Charmaie 22nd March, under Dr. Willshire's care. if the dermis of the entire face and checks ne time the disease was present on his neck t altogether being fourteen years. As our skin assumes a red and angry look, with exand gradual thinning of the integument. It v the absence of tubercles and scale. consisted of the internal administration of -back, and of cod-liver oil, the latter being application. A really wonderful effect has sease in a short time the reduces is diminisharing exfoliation has almost ceased, and the

healed up skin is assuming a thin and shining appearance, somewhat resembling ambustial cleatrices. Some authors think this form of lupus essentially acrofulous

Whilst on the subject, we may refer to another case, in an old woman, under Dr. Willshire's care, at the Royal Infirmary for Women and Children wherein the disease has assumed the more severe form of liquis excelens. Arsenic is given internally, and the cod-liver oil is freely applied externally, with benefit, as the ulcerations are healing up. Dr. Willshire is using the extract of larch bark, in many different skin affections, in five-grain doses, it is a remedy of much value.—
Laucet, And. 20, 1859, p. 186.

52 -ON SLOUGHING BED-SORES IN CASES OF PARAPLEGIA.

By Dr BROWN-SEQUARD. (Being part of a lecture on Paralysis).

It is remarkable that sloughing often occurs at a part in which there has been no pressure. We have hitherto considered sloughing to be due to the pressure on the paralysed part, but this explanation of alonghing cannot be admitted. If it were only pressure that was the cause of sloughing, we should find it coming on after a long timeafter fifteen days or a month, whereas, we know that in fact it sometimes comes on a very few days after the injury to the spine, when it could not possibly have arisen from pressure. Neither can it be caused by the name having come into contact with the part. Sloughing, therefore, must arise from some other cause, and that cause must be irritation of the cord—a fact which I have ascertained by experiments. on animals I have observed also a case in which, in consequence of a severe blow on the forearm, the patient suffered something similar in the ferniation of phlyctaenie on the hand which, on breaking, became nicerated. In my experiments on animals, I found that injury of the cord was followed by this sloughing in parts not subjected to pressure Seven or eight cases of this kind have been recorded. I have also ascertained, by suntlar means, that this sloughting may be prevented, or if it has already occurred, that it may be cured, sometunes with great rapidity. The means I have employed and found to be most successful to prevent the formation of sloughing in an animal, when it has began and not gone very far, are very simple; they are quite in accordance with the views I entertained on the subject, and have fulfilled more than I expected from them. My treatment is, afternating hot and cold applications I apply sometimes eight or ten times a day morsels of ser to the parts threatened or affected, and then after the as pheaten of the ice, which of course causes contraction in the blood vessels I apply a kind of poultice which is very hot, and of course produces a revense effect. By these alternations of extreme old sold heat I produce a change in the enculation of the part, and a consequent change of the nutration. The mode of treatment I have found to be effectual in precenting alonghing from unitarian of the spinal cord. I have seen slonghing in a degree which had gone alread to the bone, cured in two days. The slonghing was stepped in its progress, and from that time there was no its arrence of it. In other animals, where the disease had not progressed so far, the cure was very rapid indeed. Another means which I have employed, and which I have found to be efficacious, is the galvinic current. This disease much good, but it has not the power of the siternative treatment with ice and hot positives of which I have spoken.—Dublia Haspital Guzette, July 15, 1850, p. 212

83.—ON THE IDENTITY OF PARASITIC FUNGI AFFECTING THE HUMAN SURFACE

By Dr WM. TILBURY Fox, London

Two statements I am going to make will be received with suspicion; I therefore do not utter them without being perfectly satisfied of their correctness. Any reason to doubt their truth would at once prevent my stating them.

Twice, in hunting about between the epithelial lining and the hoir in severe tinea tonsurans, where the sporules were plentiful. I met with some largish eval sporules (achorion l), accompanied by certain bodies (five or six) which resembled the sorcine ventra vl. and seemed to be produced by the junction of four cells. (I had before observed occasionally two or three sporules joined together, and the effect of the reagent has been to swell them up, and obliterate in great measure their distinctness as separate cells.) So much did the resemblance to sarcine hold good, that had they been found in vomited matter, no one would have hesitated in instantly pronouncing them sarcines—it was the peculiarity of their seat alone which gave rise to doubt as to their nature. They were, perhaps, small, and the angles slightly more rounded than usual, if there was a difference

Again, on one occasion I observed an appearance exactly resembling the torula, sprouting from the bottom of the follicle.

Arnsted, of Christiana seven or eight years ago described a fungus as occurring in favus, which from its likeness to the corn parasite, he called puccinia favi. Mr. Hogg has noticed it in times taxi. I have been unable to find it at present, but have noticed a condition of mycelium not unlike it, and which might be mistaken, I can conceive for the puccinia. The mycelium sometimes some to increase in breadth at the expense of the length, so to speak, and in nee it becomes very short and broad—as though it were growing in a confined space, and unable to clongate. There is nothing in the microscopic history of the parasites of the human surface which contradicts the reasona-

194 SURGELY

bis ness of the opin in which regards them of one common natura (identical), and the immute differences may be readily explained by the variation in the several concomitant conditions of secretion, heat, and the like. Viewing them generally, as a whole, the tineæ do form a tolerably perfect series, and whatever may be said to the contrary, there exist undoubtedly connecting phases between many of the separate varieties.

This mode of reasoning may be deemed deficient, but it may still be urged that these different appearances are really insufficient to cotablish the existence if different fungs, which occur (promised coulty) in the various forms of times. Well, what does chinical evidence say? Will one variety produce spotter? Are the times mutually

roducible?

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First in regard to times favored -I remember Dr Jenner telling hes clinical class, some time ago, that at one time was admitted into the Children a Hospital a case of favus. No one caught the disease, though the children played together. But by and bye in came a case of herpes circinatus. Several children were attacked by it, and at once two of them had T fivesa Well, this looks as though the herpes circinatus were contagious. The parasite in the herpes circinatus was better adapted to grow on the soil it found than the more developed condition of fungus in the favus, and increasing in the usual manner (circularly) in an apt subject herpes circunatus resulted. The achorion (favus) required a better soil than existed before the admission of the houses circulated It would be interesting to know if there were any case of severe eruption in the hospital at the time the fives was there it so we should have expected favus to have been produced in the eruptive subject. The facts show the relation which favirs hears to the other varieties and contain suggestions for future inquiry. A case has hen mentioned of T tonsurans, in which, by producing her tenly mutation a favus crust was formed believes that five; and timea tonsurans are identical (different stages of one dream. Maller, Retzius, Remak, and Lebert, classify the achirion with or linen

An auto times tons is ma.—Mr. Hutchinson's observations tend to show that the growth of the trachophyton may produce chloasma. He abserts that he has trach the communication from the scalp of infants at the broast affected with these tensurans, and the proof seems sufficient but I believe also that chloasing may be produced by the implantation of the orline albeans. Guersent, I think, once years ago hinter that "thinsh" might be communicated from the child to the misters breast. I recorded a case in my former paper which was observed very clockly from the outset, and which, I had every arose from the growth of the crimm. The case was that of a yoing wind a patent in the General Lying in Hospital. No times with or had been present but almost all the infants in the hospital of relief of the intent in question.

were amongst others, attacked. Taking all the facts into consolers tion—the scat, the mode of onset, and the negative evidence—the conclusion that the chica mand the mether was consid by the on plantation of the funcion of the thrush mental inevitable and certain The patient berself was a little four of sorts—and perspring freely

Herpes cut innites (par set c rerest) - We know have they started up in a patch of herper chematus. The latter may also give rise to T tonsurans Very recently a case of II circulatus parasitie of the forehead and temple, in a winner noman (out of health, came under my notice. The numbe characters of the patches where those of T. toneurans, which are always displayed by parasitic heries circulatus. Now, currously enough, the disease extende imposseds and at length reached the ecolp, where it altered its nagest assuming all the naked eye and minute appearances of I tousirans. The herpes circlication reaching the scalp became so to speak T topsneaus. He as verit cal as one might, the case seemed to have left no room for doubting the intensite relation existing between the two affections. From what I have seen of herpes circulated, I think there is good resson to believe that it may give rise to sycosis. The ease above scenical to exemplify this in a singular manner. It so happened that on my own hip acre two or three vesicles of simple heries just disappearing at the time the case came to me. I spent a good deat of time in examining the patches closely with a common lens from day to day and the fungua by some accident became implanted upon my face- at least I present so for the herpes became very irritable and inflamed and pustular, indeed, unless I had used retty active treatment a promising patch of sycisis would have sprung up. The hairs at their cut ends were actually split up by the fungus, which was making its way down the follicle The whole disease consisted only of three or four pastules still the effect and presence of the fangus were discussive

Agam, "sycome" in its turn may be produced from times tonsu-Some time ago one or two members of a family became af feeted with well-marked times tonsurans the father subsequently had not time atonsurans, but sycosis, can all probability produced by contact with the children). It have has given evulence of the production of favus and sycos s f our the implantation of the yeart-plant. But recently (April) the grandmother of a numerous family seven of whom were the subjects of times tonsucans, presented herself with a large patch of parasitic horses circinatus on the left arm sasymmitrical) the hairs of the part being infiltrated with sporules of the trichophyton and subsequently the mother of the family hosself has been affected like the grandicother, they all living together En sussant. I may mention the instance of a white rat a great pet with the children of a family of nine which evidently contracted the "mange" and tiner taise from T tonsurans which attacked five of the children (The fungus of 'mange" is the tricophyton)

Place polenica-Of this I have no experience. The observations

of Dr Bidder make it the same as the ordinary ringworm of this country, which is confirmed by the occurrence of the achorion in it. as lately stated by W Rachorski I have stated that I have seen large eval spores achorum in T tonsurans. I have been as brief as possible in my remarks, perhaps not explicit. I hope to have shown, if not the certainty, at least the probability, that parasit: diseases are mutually convertible, that differences of seat, soil, moreture, heat, and the like, account for the differences in observed appearances, that there is nothing in the microscopic history of the diseases which establishes any essential divisions between the different varieties, that their clinical history confirms this view, that T. favora probably can be produced from T tonsurans the latter from herres circinatus, and tice cersit (case of mother and grandmother quoted;) that here's circinatus may give rise to sycosis (Mr. Hutch-mson has shown that chloasing may be produced from T tonsurans;) that chloasma may be also produced from the implantation of the oldium, again, that sycosis may be produced from T tonsurans; again. T favosa and sycosis from the yeast plant, (Lowe .) and last I believe I have succeided in saccharine solutions in producing the ordium from the torula The fact of finding the surceme and torula in the instance before mentioned must not be forgotten in appreciating the question of the identity of parasitic disease. The nail fungus, according to Virchew, is an aspergillus, and, according to Kückenmeister, an aspergillus er cudium Meissner makes it achories, The ear fungus is said by Robin to be aspergillus a mucor by Slayter. These statements indicate some close relation between the different

Such are the facts I have at command at present. Do they justify the inference I have drawn! The demand for fuller explanation cannot be satisfied in this paper. Nothing but facts have been dealt with, and the material, if meagre, is none the less suggestive for future mqmry

To conclude-

1. Tinea the generic term for parasitic affections of the surface), which is disease of the hair, and not an eruptive one, must be regarded as essentially and primarily caused by the growth of a fungus, since the chara teristic effects inpon the hairs, are never produced without such greath

2. There exists but one parasite common alike to several so-called distinct kinds of tin a

3 The variations are mostly in the external character of the tiness -in the superadded rather than in the essential conditions of the diverse, for the parasite growth varies but little, and that only in edergree 13 \$ 131 Ares 4

I be superadirel concountant states a paceally eruption, seat, and the life; by their variation fully are out for the observed differences in physical and the life of tentament

- A derian wal is require for the growth of the for a vegetable and that turnshed by the nemperole emptors deathers in the over some one.
- 6 The treatment consists of general measurer to correct the resiand of local measures to destroy the parasets.

It is not improbable that future experience will show that parasitic growths of the inneous membrane are derived for in the same source as those of the surface, the difference of hald that for follower metric for the varied results. They are in this list or situation a correctly, practically regarded per so as of hittle moment beyond the indication that the type of the accompanying adment is a lympion and that the condition of soil is the discusse demanding attention, (there we not persent any structure like the hair of the scale proposed in the hear produce perceptible and serious result:

It would be far from desirable to after the non-negative new in major if it were correct to do so since the treatment varies according to the aspect the times bears, and it is as well to have some mark to indicate the same

Any one of the ordinary skin diseases may become complicated by the ir with of a parasite which attacks the hairs of the part, however small and few they be, and the affection is then a complicated one — a parasite erzema or parasite hereos &c. &c., being as tup—thence the distinction of skin diseases into parasite and non parasite is not altogether an unimportant one, for in the former class, general treatment is resisted, or ineffectual, perhaps, on account of the presence of a local cause of irritation which requires direct treatment.—Lancet, Sept. 17, 1856, p. 283

84— (Hyperine Continent for the IIth—M. Boundutthon, so well known in Paris by his successful researches on "the acards scabled," has published in the Gazette Medicals it is following formula. One general fruction not preceded by soap abbitions, is sufficient "Velks of two eggs, "some of lavender, leasin, and mint, if each soventy-five drops, essence of cloves and emmanion of each 120 drops, guna tragacianth half a drachin, well pounded sail that twenty-six drachins, glyceme thirty-two drachins. Total acquir, hearly eleven onesses. Mix the essences with the yelks of egg, and the guin tragacanth, make a good mucilage, and then add very gradually the glyceme and sulphur.

Many cures have been obtained by this preparation, which has the advantage of giving no pain.

The well-known Helmouch omtment being really useful, M. Bourguignon has modified it and substitute i glyc rine for the axings. In the altered form the preparation is not any dearer as efficacious, and less painful than the original ointment. It does not grease the clothes, and has an agreeable perfume. Chim tragacanth, fitteen grains; carbonate of potash, thirtien drachims; well pounded sulphui, twenty-six drachims; glycerine, fifty-two drachims; essence of lavender, lemon, mint. cloves and cimianion, of each fitteen drops. Total weight, nearly eleven ounces. Make a muciage with the gum and one ounce of glycerine, add the carbonate, mix until it is dissolved, and then gradually add the sulphur and glycerine; lastly, pour in the essences. With this compound. It Bourguignon advises two general frictions of half an hour, within twive hours of each other, and followed, twenty-four hours afterwards, by a simple warm bath, as the glycerine is subable in water. Two-thirds of the preputation should be used for the first friction, and the other third for the second.—Lancet, Aug. 27, 1859, p. 218.

S5.- Promonde de Josep for So that .—According to M. DELAHARPE, physisman to the Instituted at Lausanne, of all the pomades proposed for the treatment of itch, one of the most efficacious is that of Jaser. Mons. D. has employed it for a number of years, with constant success.

The following is the formula for its preparation :

Sulphur Lotum.	16	grammes
Zinci sulphas,	6	37
Veratrum album, (pulv.,)		77
Sape niger,	32	77
Asunga porci,	64	22
Tinet, of Carai	1	gramme.

It will require about 250 grammes about 8 onness) of this pomade to effect a cure. A slight attack disappears after a single friction, preceded by a scap bath. When, however, the eruption is general, there should be two, three, or four applications made morning and evening.

In this preparation, the land and the potassa-soap modify each other, although by mercasing the proportion of the soap, a risk would be neutred of muking the periods too irritating. The sulphate does not act here as a conserve agent, as one might suppose, since it is entirely do empecially by the seap, resulting in the formation of a small quantity of sulphate of parash and sulphinds of zinc. The powdered helicitor is necessarily the most active anti-psoric element, along with the functive of craraway. In hilance is here shall the proportions given above of the different constraint, are the best a lapted for the manatestim of the penade,—Journ. If there's —American Med. Monthly, Jane 1853, p. 475

DISEASES OF THE EYE AND EAR.

80.—OBSTRUCTIONS OF THE LACHRYMAL PASSAGES A NEW MODE OF TREATMENT BY DELATATION

By Edward Charles Huller, Eq., Awatant Sirg, on to the Course London Ophthalmic Hopatal, and Surgion to the Boulean Free Dispensary

[At the large ophthalmic hospitals, cases depending on characters to the lachrymal passages, are very minerous, they present themselves in various stages of development. Single massecole is often treated by tomes, with counter-irritation over the sac!

Mr. Bowman's plan of probing the parages, after shiting up the canaliculus from the punctum to the carancle, is the most scanning and rational mode of treating the structured part, but even this necessitates continual daily attendance and much expenditure of time on the part of the patient; and however practicable and alvantageous in private practice, the poor had difficulty in giving such regular

attendance as is necessary to ensure success

I believe it is generally admitted, and it is in accordance with the results of my own observations, that the greater majority of those Inchrymal obstructions have their origin in change rath mastern of the lining membrane of the masal passages, which extends upwards into the nasal duct, and so continuously into the sac, a thickening of the mucous lining takes place, a thick, glary secretion is poured out, which unable to escape of itself through the nasal duct below, or through the apertures of the canalicali towards the eye apparaulates, fills, and distends the lachrymal age, and by this distension the entrances of the canaliculi become altered in position, present upon by the contents, and become thickened and obstructed. This mit Come secretion gradually becomes muco-paralent; it generally retains that character; and the sac can with more or less difficulty be emptied by pressure, the contents escaping either over the globe through the canalicult, or into the nostril by the mand duct. Independently of this common cause of obstruction, the canalicula themselves, as shown by Mr. Bowman, may be primarily obstructed, and I have sat the i myself by numerous dissections that the canalicult have not always that regular entrance into the sac that they are described as prosecsing. I believe, therefore, that in the treatment of the clases the first point of importance to attain is the free and continued patency of the canaliculus in its whole length, and also at it; entrance int; the sac, and then to commence the treatment of the obstruction of the masal duct, both of which points are fulfilled by the mothed I proceed Having provided myself with a set of wires, made of to describe "virgin silver" (which, by its flexible nature, is very easily beat, of various diameters, from that of a hair probe to that of one-lifteenth

Q(a) SURGERY

of an each, I slit up the canaliculus on a fine director, throughout its whole length past the carnele, on up to the sa If the entry of the canalicalities patent to the passage of a probe, I prefer not to carry the incesion into the sac, as I think this should be avoided, if possible: but should no probe be able by the most careful manipulation to be introduced, then the incision must be carried on, and it is preferable to open the sac, when it is distended with its contents, the escape of which proves the entry of the knife into the sac. I then with a mediam size wire, try and find the entry into the nasal duct. If succonful in passing it directly through the nasal duct, I bend the wire over the edge of the lid and cut it off with a pair of nippers, leaving a bend of about t of an inch hanging externally over the lid. end may be kept in its place by a piece of plaster, and it will be found to ride quite easily close in at the angle of the hids to the inner side of the carancle, where there is hardly any motion of the lids. from the action of the orbicularis muscle. Should I not be successful in passing the medium size wire. I attempt the same plan with a finer one, which I bend in the same manner. Whichever sized wire be infreduced, it should be worn for three or four days, at the end of which time I reintroluce a larger one, and continuing this gradual introduction of wires of a larger diameter, it is found that in two or three weeks the duct will take as full a sized wire as is necessary, i.e., one of from one twentieth up to one-fifteenth of an mich. Should I fail in passing any wire at all into the nasal duct, which is often so firmly blocked up as to render the passure of any probe impossible, I get through the obstruction with a knife I have for the purpose, or it may be more correctly described as a fine trocar of a one-fifteenth of an inch in danneter, without a canula and having a slight bend in it to accommodate it to the projection of the brow, and for this more or less force is required, according to the nature of the obstruction. Having with lawn it, a full sized wire is passed, which is also bent and cut off in the manner above described.

I have been led to adopt this mode of treatment in my attempts to try the "bent styles" described by Mr Bowman in the Ophthalmic Hospital Reports. No. 1., p. 19. The difficulty experienced in keeping the horizontal thin portion of those styles in the tube of the canalicular, the irritation their finer ends produced on the globe of the eye when not accurately adopted, and the ulceration produced in that part of the canalicular which was not slit up, 2.c., between the carmicle and the entrance into the sac, induced me to extend the incision and to give the style a bend outwards. I speak from the experience of fatteen cases to no one of which has any irritation been produced sofficient to india me to withdraw the wire, or has even any patient complained of them after slight inconvenience on the first day, it was to be well telerated. In one patient, in whom from the dense entire if the obstruction I was obliged to use force, the relief from according this was been such, that after six months' continued use

of it she will not give it up, and I mucht here addition this paragraph had worn an old fashroned style mourted through the skirs without being fit, maximuch as the structure was at the entrange of the range wir into the Sac, as well as there being a dense obstruction in the dust I think I may say that by this plan a speedy dilatation of the obstruction is attained, that the attendance of the patient is not required so frequently as when undergoing dilaterion by probing, that the entiance into the sac is kept patent as well as the masal dust that the advantages of it over the old style insorted through the ekin are very evident, and that its principle of restoring the course of the tears through their natural channel is correct. I am aware that there is one objection, but which, I think, may apply to all attempts at attaining a permanent cure of any obstruction in the rangers causis of the body, viz the tendency to relapse. To obviate this, in a few of my more intelligent patients. I am instructing them to introduce these wires themselves after a full dilatation is obtained, and so by occasionally wearing them to keep up the patency of the passages. Any how, it must be granted, that if relapse should occur, the patient remains in a favourable condition for a re-introduction of the wires, or for the practice of probing. Med. Times and trasette, May 21, 1859, p. 522.

87 -DISEASE OF THE LACHRYMAL DUCT.

(Under the care of H. Walton, Esq., Central London Ophthalmic Hospital)

Any swelling of the mucous membrane of the lachrymal duct is, in consequence of the unyielding bony canal around, once to be attended with more or less interruption to the escape of the tears into the mose and to the natural nucous secretion, and to produce the well-known symptoms of obstructed duct. If we except chronic inflammation of the conjunctiva, commonly known as granular eyeled, it would be difficult to name an affection mere translosseme to treat than the above. Every few years some new suggestion or plan is brought out, and invariably it is supposed for a time to be the thing needed, each in turn giving place to the other.

But we will proceed with the characteristics of Mr. Walton's treatment. He employs constitutional measures, we may say almost always, because he says in nearly every instance is there ununatakeable evidence of general indisposition and want of general power. He calls to his aid also mechanical means in the great majority of the cases that come to him, because they are in an advanced state, and need it. Harely does a hospital patient sake relief till the disease is of long diration, and the same may be said of private patients, who seldom go to the ophthalmic surgion in the first

instance.

When a patient applies with acute inflammation of the duct, manifested in swelling and redness of the parts at the corner of the eye, and more or less edema of the cyclids, Mr. Walton does not attend to the external symptoms merely, but at once directs his attention to the cause of them, and makes an incision into the upper part of the dact and pushes the narrow knife through any resistance that may exist; and if there be marked obstruction, he passes a probe of sufficient size, and allows it to remain for an hour or two. This is more in accordance with the principles and practice of molein surgery, whereby the products of inflammation are allowed to escape, than merely to leech, and to apply topical applications, but it has the greater advantage in being the more potent plan, as Mr. Waiton finds that with general treatment of a tonic nature a cure often cushes.

The last case we saw treated at the hospital was of this nature, A young man had for several weeks been troubled with irritation and unhealthness of the duct, when an acute attack supervened was so much swelling that the inner edge of the orbit could not be felt, and withal, excessive tenderness. The use of the knife gave exit to pus, and vitiated mucous secretion. As there seemed to be little if any obstruction to the passage of the instrument, the probe was used. This is the most favourable kind of case, and there is abundant evidence of the disease being often arrested here. so, however, when it gets a stage further, when frequent acute attacks have produced structural changes, or thickening of the duct has been the result of long continued subscute morbid action. According to Mr Walton's observation, a tolerally correct idea of the obstructs n of the duct may be gathered from the condition of the periosteum and the thisnes immediately around, in the vicinity of the head of the duct. So long as there is no thickening, and the onthree of the houses can be distinctly made out, there is no need for mechanical treatment, the unhealthmess of the mucous membrane is amenable to general measures, with local leeching and blistering, but in proportion as there is thickening of the parts and induration, so is there a corresponding change throughout the duct and the treatment by dilutation becomes necessary, and a cure is the less certain.-Med Gircular, Sept. 7, 185), p 117.

88 -CORNEAL FISTULA CURED BY CAUTURIZATION WITH COUNTLY PUNCTURE

(Case under the care of Mr. Dixov, Moorfields Ophthalmic Hospital)

An elderly woman who had been operated on for cataract (by extract, on: two years before, was admitted a few weeks ago under Mr. Diaou's care at the Ophthalmic Hospital, with the complaint that her eye was failing her. Only one eye (the left) had originally

been operated on, and she had obtained very good sight from it. It was only within a few weeks that her power of vision had been failing On carefully looking at the eye Mr Thron discounted that mean the mul lie of the cicatrix, which was rather broad, was a minute fistula, through which the aqueous human dowly drained away. The autorior chamber remained marly as full as usual, and the plane of tue iris was vertical, the process of resecretion supplying the less by the The latter might, indeed, have been casily everlooked it was only by absorbing the moisture adjacent to it by blotting taker. and protecting it from the tears from above, that the welling up of aqueous humour through it could be positively denoustrated Dixon remarked that he had no doubt that this fietula had opened only recently. If it had remained from the time of the operation, the patient would not have had such good right as she had anjoyed until quite latterly. His experience of corneal fistular was, that however completely the resecretion of fluid might keep pare with the loss, yet sight was always rendered very imperfect Probable, in this instance, the cicatrix had from the first been thin and stretched, and now, from some accidental cause, it had given way at its thinness spot. To cure the fistula was plainly the object of treatment, and its almost invisible minuteness rendered this no easy matter. Mr Dixon at first tried touching it with a fine probe coated with intrate of silver, This was done twice; and on the second occasion for a few days it was thought to have been successful, but ultimately, the little channel again opened itself. On the third occasion, Mr Dixon made a counter puncture at the lower part of the cornea, and let out the aqueous fluid, having just before again applied the caustic to the orifice. The eye was kept quiet by strips of plaster. It was hoped that during the time the cornea was flaced, from the removal of the systems of the anterior chamber, union might ensue. The result justified this expectation; and when we last saw the patient, the fistula appeared soundly healed, and the woman's sight was improving. - Med Times and Gazette, August 27, 1859, p. 213.

89.—CASES OF PTOSIS AT THE ROYAL LONDON OPHTHALMIC HOSPITAL.

One congenital case was cared (the papel uncovered) by removing an oval piece of skin from the upper lid, and bringing together the wound with sutures.

Another case, caused by accumulation of fat behind the orbicularis, was cared by removing most of the fat and a small available of skin.

A third case, J. T., aged 42 patient of Mr. Bowman, had feartimes been operated on for ptess, by removal of portions of skiz; both upper lids hang straight down from the orbital edge and cover Mit & Strout

the upper third of either pupil, the palpebral apertures appear small, and the outer lateral palpetral humanests are much lengthened

20th of March, 1501. With a needle the two ends of a thread, were at a distance of about four lines from each other, thrust through the outer angle of the upper fibro-cartilage, near the outer lateral bigamant, carried out through the skin, and brought together over a small piece of stoking plaster. The upper his were thus stretched and dragged out and upwards, and the whole of the pupil became

Visible.

12th of April. The lids cover again the pupils, though the threads had several times been shortened. Mr. Bowman, then, by a new operation, displaced the lower edge of the orbicularis of both upper lids. A narrow eval slip of skin was first removed, so as to expose the lower margin of the orbiculais; the thin skin was with a cataract knife equated from the anterior surface of the lower third of the orbicularis. A very fine silk thread was introduced through the skin beneath and close to the orbital edge, above the outer and inner angles of the eval skin incision, and between the skin and the orbidilarts, warried to the lower margin of the latter; there it was stitched through the margin, so as to enclose some of the muscular fibres, and was then brought between the fibro-cartilage and the posterior surface of the orbicularis and carried back through the skin at a spot which was about four lines distant from the point of introduction. Each orbicularis was thus suspended in two loops of silk; both ends of the mik were then tool over a small roll of piaster, to an extent sufficient to rase the let and the orbicularis behind the detached skin; the orthoniaris would thus, it is supposed, undergo adhesion, and stand higher in reference to the margin of the lid, than it did originally.

A good deal of swelling and catarrhal ophthalms followed the operation, but satusded after a week, when the threads were removed.

18th of April, tieth pupils are uncovered, the skin of both upper tide is thrown into folds.—Ophthalmic Hospital Reports, July 1859, p. 111.

(6) -Cuses of Novemble Exclude, at the Moorfields Ophthalmic Hospital - Three new two in the skin of the right upper, the other in that of the left lower bit, were treated by drawing floss silk, steeped in perchlorale of tron, through them. The following inflammation was right, the threads were removed the third day. One of the nevi was curred within a month, one in three weeks, and a small remaining tortion of the tearl was removed by logiture.

A hazel out seed is van in the thickness of the right lower lid that observed a a small rid point reven days after both) in a child, two months of I was treated by avoing salarit moonsly the tissue of the novel and the nonecting a low drops of pure tamne and, which we calculate nevarinard, a low drops of blood escaped, and a bandage

DISEASES OF THE EYE AND MAR

was applied, no bleeding ensued. The next day, the child the rhoes and fever, the former stapped the following day, the present mereased, and the child died on the fourth day with convolution. The parents refused a post-mortem examination.— Had, p. 113

91—CANCEROUS ULCERATION CLOSE TO THE INNER CANTHUS, TREATED WITH SULPHATE OF ZINC PASTE

By Dr. Wildiam Mackenzie, Glazgow.

[The cancerous ulcer in this case was attracted on the side of the nose, close to the inner angle of the loft eye. It was fully the size of a fear penny-piece, of irregular shape, covered with a scale, and surrounded by hard and elevated edges. The disease seemed to be extending in the direction of the carunculæ lacrymales.

I felt no doubt that were the ulcer left to itself, it would gradually spread, and prove rebellious to all applications of a southing description. Having repeatedly found, also, that extripation of such a disease by the kinfe, even when care was taken to cut into the sound integuments, although followed by a firm custrice and an apparent cure, was succeeded after a time by a renewal of the scirrhois hardness and intractable ulceration, I determined in this case to try as an escharotic the sulphate of zinc, as recommended by Dr. Singson of Edinburgh. I was partly led to this course, too, by observing that I could not extirpate the diseased part without removing the lower papilla lacrymalis.

Having driven off by heat the water of crystallization of a few grains of the sulphate of zinc, and reduced the residuum to a fine powder, I mived it with a little glycerine, so as to form a thick tenacious paste. Taking a little of this on the point of a bit of stick, I applied it over the scab and over the hard edges of the ulcer, and covered the part with dry lint.

Next day, I found that the application had given very bittle uneas: ness; but that it had acted in destroying almost entirely the hard edges of the sore, and left the whole of its surface free from scab and of a florid healthy colour.

Two or three times subsequently, I covered the edges again with the zinc paste; after which I left the wound to cicatrize, under the application of dry lint. I touched the conjunctiva and papilla berynales occasionally with the four grains' solution of nitrate of silver, under which application they speedily freed themselves of inflammation.

On the 24th March, the patient called on me with a firm ematrice, of a healthy hue, in the site of his former disease — Uphtholomic Hosp Reports, April 1859, p. 5

206

\$2.—Strat.com: -[The plan of applying a suture to the incision in the conjunctive is a good one, but is generally neglected by most operators [

FURGIRY.

Mr. Waiton makes a very small opening in the conjunctiva within about a line of the margin of the cornea, he then introduces the hook, sweeping it partly round the globe of the eye, and having caught the muscle, draws it to the opening, and divides it at the subtraction of the hook next the cornea, then with a small curved needle he posses a five ailk thread through the edges of the incision, and brings them together, tyng the ligature in an ordinary knot

It is sure rising how soon the wound heals when treated in this way, and it is not hable to have those troublesome granulations spring up in the corner of the eye which so often retail the cure, when the would in the conjunctiva is left gaping, and when made nearer to

the inner canthus.-Med Circular, Sept. 7, 1850, p. 117.

Q.-ON THE STRUCTURE AND MOVEMENTS OF THE IRIS.

By Dr. LETHEBY.

[The following results are from investigations pursued some years since, for the purpose of ascertaining whether the movements of the iris are due to muscular contraction or to vascular turgescence.]

1st A microscopic examination of the iris failed to discover the presence of muscular fibre, except at the outer or chary boundary; for the orbicular and radiating tibres had none of the appearances of muscular tassue. That which composed the circular margin of the pupil had the properties and structure of ligamentous tissue; and the

rest of the iris was cliently composed of capillary vessels

2nd When the iris was subjected to the stimulus of galvanism, which is so powerfed an agent in exciting muscular contraction there was no movement of it after circulation had ceased. This is very unlike the behaviour of truscular tissue, for in all other cases the circulation of blood is not essential to muscular contraction, in fact, the removal of muscular fibre from the body, and therefore the cutting off of all vascular connection, has no influence on its contractility when it is subjected to such a stimulus. But if the eye of an animal is removed from the orbit and galvanised, the iris shows no sign of contraction, whilst the recti muscles are strongly affected. So again, a few minutes after death the iris ceases to contract, for generally this is subjected time for the arrest of the circulation in the eye, and then no movement can be proclated in it.

Bid A can if the next made up of two ests of muscular fibres the old the friends, intrinstely blended together, how is it that in the levie, amount one at any manely the circular, contracts na-

1

der the militance of a stimulus? or conversely, why is it that beliadoma and the active principles of the solunce generally, act only on the same set? It may be answered that the circular only are muscular, and the radiating classic, but of this we require proof.

4th And why, too, is it that in every condition of the system, when the vessels of the head are gorged, as in apoplexy, the pupil is contracted, and in opposite states, as during syncope and in epilepsy, the pupil is dilated? This points to the fact that vascular turgoscence

has something to do with the pheromena

oth The chemical feactions of the iris are more like those of clastic tissue than muscular fibre, for if the iris is enclosed between two pieces of glass, together with fragments of muscular and hymmetiona tissue, and then boiled in water, the former like the latter is so changed that the structure is obliterated and pelatine is produced from it but nothing of the kind occurs with muscular fibre.

6th. If the contraction of the pupil is due to recular fibres, it is mainfest that when there is a radial slit in the aris, the contraction of it should cause the sides of the slit to be drawn as under, but experiments on animals show no such a result on the contrargation the iris is cut through the pupil contracts as usual, and the edges of the slit are brought closer together.

7th If we turn to comparative anatomy for lelp in the enquire, it will be found that the pupillary aperture in the eves of some animals is reduced in size, not by a circular contraction of the papil but by the falling down or pushing up of a curtain. This is well seen in the eye of the skate, and it is proof that the movement is not due to muscular contraction, but to the unfolding of the curtain like membrane by some other cause. Again, the irides of most fish, and of many reptiles, are immoveable, although they have the same structure as those of mammals, excepting the vascularity. So also in tracing the development of the iris from the lowest class of animals to the highest, it is found to be nothing more than a prolongation of the vascular choroid.

Lastly Injections of the iris show it to be very vascular, and to be made up almost entirely of an erectile plexus. Nay more, if we inject the eye with water from the carotid, we can effect a contraction of the pupil with every force of the syringe, and this may be done long

after death, when muscular irritability has entirely reased

My conclusions, therefore, are that the movements of the iris in mammals are due to vascular targescence, and not to muscular contraction, indeed I might point to the fact that the existence of mascular fibre in the outer or chary margin of the ris, may afford an explanation of the phenomena, for if there were muscular pressure on the returning capillaries of the iris the tissue would become garged with blood and the pupil contracted, but of this I had not sufficient proof because of the difficulties of the inquiry—Ophthalmic Mosp. Reports, April, 1850, p. 17.

91-ON SYPHILITIC INTLAMMATIONS OF THE EYE. By Jonathan Hutchingon, E q

[Having detailed no less than 64 interesting cases of inflammations of the eye of a specific nature, the author proceeds to analyse them He divides the task into three parts firstly, the natural history of the disease in the to known as strumous corneitis, secondly, he endeavours to show that it is a direct consequence of hereditary syphilis, and occurs almost solely in the children of parents one or both of whom has suffered from veneral disease, lastly, the treatment, which should be more directed against the specific nature of the disease, than is usually the case.]

1. Are - It would appear that the greatest proportion of cases of this form of keratitis occurs in patients between the ages of 10 and 15. Thus we find that m nine instances the disease began before the age of 5 in eighteen between 5 and 10, in twenty-five between 10 and 15 in nine between 15 and 20, and in the remaining two between 20 and 25, the average age for the whole axty four being 10 It would appear to be comparatively rare in early childhood, and still more so subsequently to the full establishment of puberty never seen it commence in any one beyond the age of 25. regard to several cases in the series in which it is stated to have begun in infancy, I feel some doubt as to the correctness of the history, as I did not see the patients until some years after the commencement of the disease. No doubt the eyes were inflamed at the date assigned by the mothers of the patients, but whether the affection was from the first interstitial kiratitis is open to some question. I have never myself witnessed its occurrence earlier than the age of two years.

2. \$\sigma - \text{It}\$ would appear that girls are more liable to this disease than boys. Thus in forty-one of the cases before us the patients were females and in twenty three males, a ratio of one of the latter to 18 of the former. This coincides with what I have ascertained respecting the acute india of syphilitic infants. Of the latter disease I am in possession of the particulars of sixteen cases in which the sex is specified, and of them twelve were female infants, and only four males.

3. State of health at the time of outbreak.—In none of the preceding cases is it stated that the outbreak of keratris had occurred during recovery from small pox or any other exauthem, nor is there any note of other cases of it health appeared to have acted as predisponents. In none of the cases was there any reason to suppose the patient to be the subject of phthis, or other tuberculous affection, and amongst the cases lattle "conspace is by their absence" supposing the affection to be strumous," is enlargement of the lymphatic glands. In only two cases, by a new affection of the survival glands exist. On the other hand the sum of presents very few (xequitors in heal to the following

statements a That the patients over of justim puller. In most the complexion was of a pale leader or sallow here, without a vestige of colour and in none of the excepts mal cases was there any degree of the cross we floridness so commonly seen in the subjects of glavely has strummed That the skin generally and that it the face expectally, was thick, come and flathing This condition is intended to be conprised whenever the term "sypinitic physicanomy" is used I have never employed the latter expression except to denote a striking and remarkable condition, such as would, from its peculiarity, have arrested the attention of the most cursory observer or That the bridge of the mose was mide and depressed. This state also is included wherever the shove terms have been used d That in the skin of the face there were numerous small puts and sours, and about the angles of the mouth the reducting scars of former elecrations. The common non specific erm tions of childhood, impetigo, porrigo, and ecrema leave no percentible scars whilst their syphilitic congeners almost invariably do se-Small pox, chicken pox, and herpes, undoubtedly do cause title and scars which are undistinguishable from those of the syphilides. The commention of fissures at the oral angles with pits in the face, while tory of no one of these three affections being obtainable, is, however, very suspicious e That, in those who had out their persument set, the condition of the incisur teeth was very product, both in form colour, and size As diagnostic of hereditary syphilis, various peculi arrities are often presented by the others, especially the camples, but the upper central incurors are the test teeth. When first cut those teeth are usually short, narrow from side to side at their edges, and After awhile a crescentic portion from their edge breaks away, leaving a broad, shallow, vertical notch, which is permanent for some years, but between twenty and thirty usually becomes oblinerated by the premature wearing down of the tooth. The two teeth often converge and sometimes they stand widely apart. In certain instances in which the notching is either wholly absent or but slightly marked. there is still a peculiar colour, and a narrow squareness of form, which are easily recognised by the practised eye. In a considerable number of the cases cited no mention is made of the teeth, the notes having been taken before I was aware of the value of their structure as a symptom Since I have made it a rule always to look into the mouth, however. I have not met with a single example of well characterized interstitial keratitis in which the teeth were of normal size and shape Indeed there can be no doubt whatever as to the truth of the asset tion that malformed upper incisors (permanent set) are all but invariably coincident with this disease. A few months' observation at any large Ophthalmic Institution will satisfy any one of this climical fact

The following special affections were coincident with the keratitic disease. Large scars in the soft palate and pharynx in six instances. Deafness consequent on otorrheea in eight. Nodes in six (tibia four,

and retwo to he has a tim force in four Destruction of the none to consider representation to the force in the bone in three Supported glands in the review to the Larring address on two Tinea tars in two two thing of the square many invested cyclids in one Lacry non-independent of the force of the force of the square

of offer law in two

sing of the cases, or rather more than half, a clear history of the meanifement of assent our of inherited syphiles in infancy (rash, sore are ath, tileger at arms, prolonged snuffles, &c) was obtained. This muraber as aid probably have been much increased but that in many and it was much to bee the patient's mother or any one who could The west of the trans and it is several, which I have not included 14 1 there was a bittery of one or more very suspicious symptoms. the on up, however, was not authountly complete to allow of a confi hat rained In cheen meaning the mothers admitted that others I their civildren had also in infancy suffered from similar symptoms Mary of the care in which I was mable to obtain a history or to trate manny as to infantile symptoms, are those in which physiognomy, teeth &c, were most typically characteristic. The proportionate frequency of otorbora micration of the palate, &c., has already been > thite

- 5 History of applied in parents.-Those who have engaged in annilar unmines will fiel no surprise at the fact that in nineteen they will did it it in her the parents a free admission that one of both bal prior to the buth of the child suffered from venereal my age man netrational from Of these in twelve instances, the a ction tag to a intested 'v her bu-band and both were consequently discreed in four the little was known to have had the disease a laber the median aware I that she had never suffered, in one the mother in it ad at he is refore marriage, and believed her husband to in althy and to the remaining one there was a statement realists military about the ecommunication of the disease direct to the mint by a fainted nurse. In thirty cases, or nearly half, I either had no opportunity of asking questions on this more of either parent, er del cot a mi newalf of it. In two instances symilitic symitoms existed at the time that the notes were taken in one or other parent, and this remains maked as one in which, notwithstanding all history of commany distance was defined. In two cases, in which I could Ham no Cakener, the mother admitted that other medical men and said strength has chadren in intancy had asked the same 经主持排除从增生部并明
- on rounds of each left the patient's femaly—Very important on rounds is may be reflected by it many of the questions connected a thin with the reflected by articular forms of disease by data as to the minimum thick has provaded amongst the brothers and sisters of the all of the all the rate of juvinde mortality has been

e-or are there is ground for believing that the taint is of a kind which initiarially diminishes the vital power and produpous to the man his of fatal diseases.

firs three mothers of subjects of interestical keratitis the latter to my at the time of manny of the average age of nine and a halfs to be non-tainfite average age of nine and a halfs to be non-tainfite average as to the action of the last beautions a total of 171 children, and of there only 170 remembed alone a total of 171 children, and of there only 170 remembed alone. In other terms, fifty thing patients antifering from interstical keratitis pass before us, and we find, on asking, that taking one with another, they have all lost in early his more than baif of their trethers and netters. There can be little doubt, depict the many fallacies to which statistics expose us, that this rate of mortality is very high

7. Position of the patient amongst has brothers and vistors—We have seen that the 53 families give us a total of 179 hving children, an average of 3.3 to each family. Now, supposing the 17.0 children put together and a group of 53 drafted from them with it any selection, this group ought to contain of the eldest of their respective families, a proportion of only 1 in every 3.3. The subjected attallar statement will show now different is the result in the cases before in, and will demonstrate that interstitial kenature is choosing out its

vertims, has some principle which guides its selection

of the 53 cases the patient was,

The	Eldest 1	in J4	instances	a proportion	of I	111	1 1
	Securid	m 8	22	5.5	1	iri	6
	Third	in ö	25	29	1	in	10
	Fourth	m 1	59	22	1	171	53
	Fifth :	in I		"	*	273	2.3

Thus it would appear, that not only does the disease select the chieff in the large majority of instances, but that it proceeds downwards by the same rule, preferring the second to the third, and so on Thus Istatement of fact, strong as it is, would be yet further strengthened if two sources of fallacy could be removed—ist, that in exitum instances, the primary disease had probably been contracted by the parent after the birth of part of his family, and that thus the patient, although not the eldest of the whole, was the cliest of those from subsequent to the event alluded to—2nd, that in two instances in the series, both the eldest and the second child suffered from kenattis, and are included in the table.

Why the first-born should suffer most often, and most severely, from a disease consequent upon syphilis in the parent, we can easily understand, it is in keeping with all that we know respecting the transistion of that disease. On the "strumour" hypothesis, however, to the exclusion of inherited syphilis, I think I may fairly challenge any one to offer a shadow of explanation of the remarkable fasts just adduced.

212 SURGERY

A Physicancian of the actual -- The phenomena of interstitial keracities have been well described by several authors. I have given a brief resona of them in vel 1 page 232, and need not here attempt any healthy description. The somes under consideration, however supplies as with several cases in which less usual, and latherto but latter bestered, a midtions were presented. The cases in fact divide themselves into four groups, according as one or other of the special symptems of inflammation were apparent.

Orong A includes the more common cases, in which interstituded that without any great degree of sclerotic or superficial vascularity,

is the prominent symptom

Group Is comprises these cases in which, in addition to the interstitual deposits of lympts, crescentic fringes of capillaries are seen streading from the circumference over the surface of the cornea. These fringes usually commence at the lowest part, but subsequently endough from all parts of the cornea, and often nearly, or altogether, neet in the centre. In the latter event, I have seen produced a remarkably vivel colouring of the whole surface. The degree of largement and of interpretation of light present in any given case, will usually be found proportionate to the extent of these fringes.

From C is illustrated by three or four cases only in the present series. In it there is a large climson of lymph, in all probability from the posterior surface of the cornea, moulting itself in the concavity of the latter, and causing complete blindness. Hitherto I have never seen the superioral vascularity characteristic of group B, coexistent with this state of things. After this form of disease, I suspect that

the eves are always more or less damaged permanently.

Group I) has far as character that the punctate effusion of lymph, in engagemental dots on the posterior layer of the cornea. This condition is often seen in iritis, consequent on acquired syphilis; it also constitutes a most characteristic feature of what is known as aquacapathis, as distinct from interstitual keratitis. In a few cases of the latter affection, however, it occurs as the first stage, to be followed sooner or later by more unterior effusions into the substance of the cornea itself

Although I have mentioned these varieties as distinct groups, yet it must be understood that they not unfrequently stand in the relation is stages one to the other. The more severe conditions included in groups B and C are for instance, rarely produced, without either

those of A or D having preceded them

Air occurrence of notes as a complication in cases of interstitial heratitic although in t unit, pent is, I believe, far from being usual. In color outsing time conservation and so quickly produced, that a become improvible to import the state of the ris, after the first with a twin of the nite k. Davies that peno I have very rarely it is been able to delice my note in a color of the ris being affected. On a transfer of the ris being affected. On a transfer of the ris being affected.

transports, the irrestructure itself has lost come of its lost is not a new dollars feater. I have very sarely in his boson the popularity is When notes does occur, it is usually if very slight severity, and

attended with but little tendency to offer on

In most cases interetated heratitis affects but here, and with almost a small interests. If ith word involved in tifty are of this airty four cases under consideration, in five the left aline, and in three the rate alone. That of twenty-five, in which the notes on one as he to what was first attacked, we find the left to have been our flown mataness. and the right in ten. Of twinty-six, in which lose information is given, as to which was most severely affected, it is the left in seventeen, and the right in mine it would seem, therefore, that the left eve is the most often attacked alone is most fren the first to be affected, and usually suffers the most severely

As in most other symmetrical diseases it is rare that the two crowns

are nitured quite simultaneously. The second is, I believe, usually affected from a few days to a few weeks subsequently to the first Now and then, however, the interval is much longer. Thus in Case 41, a period of two years intervened, and in Case 31, one of Part pointly. Case 26 is interesting as an instance of acute relapse in sureve, two years after the beginning of the attack and when both bad see med to be nearly recovered. Several at air instances of relations more or less acute, are mattered through the cores but they are deendedly excentional Or linarily, when once the process of clearing has at a m, it is remakable how steadily it advances

I will now place in concise juxtaposition the chief reasons when unduce me to it and interstitial keratitis as a direct result of inherital

syphilis

1st From its being a very well-marked and peculiar form of diseaso, it is it priors probable that it acknowledges some single and definite cause

and Its subjects are almost invariably of very peculiar physicanomy.

and usually bear the most marked similarity to one another

3rd. Its subjects almost invariably have their upper central function such of the permanent set dwarfed and notched in a possible and distractoristic manner

4th. In most cases the festures alluled to under the the last two has in hear no resemblance whatever to those of "strong" properly so entical. The outworks of time strumes, on the confrary, usually have is a white teeth, and are often of florid complexions

Ath. I have not yet seen a single case in which the patient was the subject of phthese, and very few in which outar, encent of the

- junts of the neck had ocumed

tible. It affects by parference the client hving child of the family, a circumstance to be expected under the spould's hypothesis, but wholly meadurald in his that of strains

, to 15 others temple children in proference to males, and

211 MIRILIT

occurs in families in which a large infinitile mortality has a naffy occurred

8th It never in all classes of the community the well fed and under fed and the resilients in the most licality situations (sea-side,

Acc na well as those of an which citie

ith In nineteen cut of that; one cases in which I was able to make in jurious on the subject. I obtained a confession that one or other parent had suffered from constitutional applicits prior to the birth of the patient.

10th In the therty two meanness out of thirty-eight in which I obtained information as to the health of the patient during early coldineal a clear history of the usual symptoms of infantile syphilis

WAN THEN

11th In eleven instances there was a clear history of symptoms of infantile applicial having been observed in brothers or sisters of the

pals nt.

12th Whilst as above observed, inlargements of the lymphatic gim is two cases are manual other affections for more closely conmore with sylinis than with the struma, such as nodes are cuses, alternation of the pulate six cases, and crosive lupus (three cases), are

not infrequent in the subjects of this disease

is Trentment.—The treatment which I usually adopt consists of the cautious use of moreunals and roindes, at the same time supporting the system by tonies and a liberal diet The mild merenrial motiment rubbed in behind the ears in the nick, or under the axille. every night at bedtime, is the best mode of employing that agent, and one which in these cases I never out - I mixture centaining todide of juited in roll hof non and incinc of nex vonice is also avoidly prescribed at the same time. If the patient be very feeble and if the case he one belonging to group B, that is, with much superficial visualisty more durit tonics, such as quinne and the the phasplate of area, an inheated. The induction of ptyalism ought certainly to avoided. Although in one instance I witnessed most raped improvement contribut with its occurrence (Case 12, yet I feel sure that is unwi, to san the risk of so much address the patient's strength I alise indeed the surgion recetant that his patient is well fed and well protect from cold the mannet contion a whit to be ned in ordering a comy. In case 45 a rapidly induced physhian in a half darve the ble get early needed harm. If the intolerance of a the great the come and emphytical of the ters to him the cars more degood but our of the west cases I have mental become no m - 2 to it within a which talke in mir and intertheting by Toso 14 36 and be I would go strong on etting superior efficiency the entered from and the entrance treated to be an entrance to their and I had set foot their not a servered to all orded comparisons if two in he has an farmer, moneys a fine-main and a horizontly also est to term whom it has the green in in the the minor administration Hortly mil V

OF ON TRUBACTION BY MALAR INCISION

By BLAIANIN BRILL Log, and fit Paramo Hen a Waters and Important of the Paramo ordinary operation of extraction which my tree maily on radically comes. The operation might be called extraction this call a minute section i

The chief advantages of the operation again to be tresp two ... 1 It affords an easy and expeditions mode of getting set if soft eat a racts to which alone it is applicable, for it is well known, that when these are treated in the ordinary way, by he my broken an with a view to solution, they are often dissolved very dealy and not witness with mate many to the visual powers of the eye. Ostabalone surgious are familiar with the observation, that the process of solution is get un frequently followed by a marked impairment of viscon, as if the despect and more important textures had, somehow or other, been interfered with in their nutrition by the prolonged and exhausting affect as dissolve and remove the opaque lens. But by removing the caterait at once as in the operation by linear incision, the organ is spaced that offort at solution, and the likelihood of vision being restored in greatly increased. And even, if a portion mercly of the catalast emajors through the opening in the cornea, the remainder dissolves and divapears more rapidly and with less injury to the eve than if the weeks lens had been allowed to remain in the chambarred the sain on humour, after being broken up by the nordle 2 The smaller of the incision of the cornea-which, however, the cataracts having mail; is amply sufficient-renders the operation both less dangerous and more easily performed, than the ordinary method of extraction for cataracts of hard and firm textures. Such cataracts always require an ample section of the cornea, and, under ordinary circumstances, and in suitable cases, no other operative procedure, notwithstanding the difficulty of its performance, can be wa comparison with it

The operation by linear incision may be performed in the following manner. But, first of all, is chloroform to be administered? The exseems to be less objection to its use in this operation, than in opiniary extraction with a large division of the cornea, because in the event of sickness and vomiting being induced, the risk of tripary to the eye Moreover, unless the self possession and stouds is obviously smaller mess of the patient can be relied on, there will be considerable advantage from inducing annesthesia, if the scoop should require to be he quently employed in removing broken portions of the has from the anterior chamber Frehmmaries being over, the trees in of the ma nea is made by means of a triangular shaped knife, their at the point keen on both edges, and about two and a half or three lines brown as its base. It should enter the cornor mar its outer margin and pass horizontally in front of the rise until the whole length of the cutting crizes has penetrated the anterior chamber. The knile as then with-

drawn care being taken that as little as possible of the aqueous humanr be allowed to escapa. The next stage of the operation consists in passing time cutting nee lie into the opening, freely dividing the capsule, breaking up the substance of the lens, and bringing the fragments into the anterior chamber Most of the latter will in all probability be carried out by the aqueous humour, as it gushes through the wound of the cornea but, if this should not be the case, we withdraw the needle, and with a small silver scoop, made for the purpose, endeavour carefully and cently to effect the same object But, as we have already limited there is no serious objection to our allowing small fragments of the cataract, which is supposed to be of soft texture, to remain in the anterior chamber, for the wound in the cornea speedily heals, the aqueous lamour is re secreted, and the remaining portions will rapidly disappear. It is better far to trust to this course of events, than to give way to the named deligental charactery, which, by bruising the edges of the wound might prevent it from healing, and perhaps the astron serious inflammation of the iris with all its consequences

Some prefer breaking up the cataract, in the first place with a very fine ting needle, so accurately made as not to let out the aqueous burnour, and then making the incision of the cornes in the manner already described. The objections to this are of a practical nature . the extreme difficulty of withdrawing the needle without allowing a little of the aqueous humour to escape, and then the ulterior difficulty, of cutting in a satisfactory manner with the triangular knife the imperfectly distensied cornea. To obviate this latter difficulty, the second part of the operation mucht be pestpened until the following day, when the aqueous humour would be re secreted, but then there might be some risk of inflammatory action being kindled by the portions of hins which had been brought into the anterior chamber general rule need be last down. The principle of the operation being kept in view the details may be modified in individual cases, according to the judgment of the surgeon - Edinb Med. Journal, Sept., 1859, p 250

96-ON THE USE OF FORCIPS IN EXTRACTION OF CATARACT

By Mr FRANCE

There is perhaps no operation more variable, in facility of execution in different cases then extraction of catalact. The great point in the operation is that brist paramed—the section of the transparent cernical.

What creates the main obtacle to the ready accomplishment of the outen in any given case, and renders induous perhaps in a phapping of plobe that which may be found comparatively easy in an ill from I deeply as one, should the condition referred to not

Undoubtedly the principal impediment the surgeon has a encounter, is the irregular mobility of the exc with its resilent twichings and sudden glaneings in fir the excitent of and at preints sion of the eventful minucut to gether with its or mains a med in version towards the inner circlins perhaps without carve on marging. from unsteadiness and netwithstanding the op an o finger's pressure. when the section is in actual progress and with this iscomment the perils to the utmost its normal completion. If the this operation, is the same hands, varies to an extreme in difficulty owing to the diffiring degrees in which these movements prevail in the organ solemitted to manipulation. Accordingly in the dead house the process is easy enough, probably under older form were its exhibiting od missible, which on distinct grounds is not the case it would be the to again, to take a parallel illustration -a thousand semistresses in London thread their fine needles lifty times a day, with scarcely a conscious effort, because minute as is the or-fire they sain at, they have the implement at perfect command but but the workwoman try to attain her end, while the needle is held by her aged mother with paralysis azitans, or by her sister with chorea, and the -delicate task would become nearly impracticable. Just in the same way with this operation, the great desderatum is steadings and fixity of globe, because any irregular or c uvulsive movement, by leorardizing the precision and continuity of the section, the retention of the aqueous humour to the last and contingently thereutens the safety of the mis enhances so seriously, despite the highest skill, the danger of this critical stage

I have elsewhere shown how early, in the history of extraction, this truth was recognized how various have been the contrivances which the exigency has at different times called forth and how all have successively become obsolcte, on account of some prevailing disadvan-On the same occasion I recommended the tage attending them employment of simple artery forceps, as conducing in a marked measure to fix the eye steadily in the wished-for position, and as exercist from any of the drawbacks which had caused previous suggestions to The recommendation was supported by the detail of twenty cases, proving the practicability and utility of the plan proposed Winter has since intervened, and I have consequently but seven additional cases to supplement the former list. In all of these, h wever. the forceps was used with as good effect as in the preceding instances. the fixed corner afforded as uniform resistance to the kinds. the soction was accomplished with proportionate ease without casualty save, in one example, wherein from the extreme prominence of the globe some viticous escape was predicted and took place accordingly, and the nationts are now, without exception empring good vision

Viv present purpose is to confirm what was before said in advocacy of this appliance and to notice two or three minutes which should be observed in adopting it as it is to be haped, many, during the

ensuing season, may be induced to do. In order not to exceed due hunts in this communication, I will condense my remarks into the briefest commiss -

1. As to the form of forceps an ordinary pair of artery forceps without spring-catch, is the most convenient. It should be rather long, with boost nibs, and pronunent or projecting teeth, so as the better to take hold of the subconjunctival fascia simultaneously with the mucous membrane itself

2 With this view, at the commandement of the operation, the surgeon, in affixing the forcess, should make pressure with its mbs against the sclerotic, at some little distance beneath the cornea, 'ere closing them with the fold of tissues in their grasp. This is an essential point, as the lax conjunctiva, if seized alone, affords a much less firm anchorage to the globe

Il The assistant to whom the forceps is delivered, should be instructed to rest his hand quictly upon the patient's face, and maintun the cornea in the central position as passively as possible,-by gentle traction if requested, but scrupulously to avoid either dragging

. - or making with the instrument.

4. The operator, raising the upper lid with his forefinger, places that finger in the usual manner on the scierotic above the cornea, and his middle finger on the sclerotic at the inner canthus, and thus com-

uletes his command of the globe.

It will be observed that this method of operating does not involve the substitution of one means of fixing the eye for another, but comprives t e recognised and general plan, plus the effectual auxiliary I am describing It will be observed, too, that the forceps while maintaining the globe in the most convenient position, performs incidentally the subordinate function of keeping the lower lid depressed.

5 The meision of the cornea is made in the regular way, but when counter-punctuation is fully effected just before the final completion of the day, the forceps should be gently disengaged. Should there be evidence of spasin, an interval may be here interposed before the last bridle of ourness is severed, as the adequacy of the section and the safety of the ris me now maned, but this is seldom necessary. The remainder of the operation proceeds in the customary mente

Two objections have been advanced against the use of forceps. The more important is, that it might tend to excite spasin, and consequent r sphere of the hyaloid resustante, and escape of vitreous humour. The other, that it must inflict an injury on the conjunctive, which might prove security detrinental to the ultimate rane of the case regard to the first we a matter of that it will in , be found that appare funds action is created by the instrument except, perhaps, at the heat mountel. I see application when every nervine patients eye, quest to or well or apt to be the extinct. from alarm Moreover, of the fire years I curtool meters the hand a maj betten of the mechanism It shows should be, it is at the on zero's ortion, so hit type a new ally arm, to pause for its sub-idence before a scribing as knowledge proceeds to divide the remainant consected before a norm into man be produced by the occurrence. In a count objection is a very new procedure the occurrence with duly experience. I use the horizone but entirely at variance with duly experience. I use the horizone has extracted in it is postly generally engloyed in London in cases of artificial paper sometimes in representative means believe from the even, and in what on every occase in a struction hitherto excepted, whom it is desirable to be to the form and quite aniknown.

I will ald no more than the expression of my carried theps, that the use of forceps, in extraction of cataract may be simulted extra sively and impartially during the approaching summer to the ordinal of practice. It will then be found that, by this sample means the section of the cornea may be accomplished with a prevaint and containty unattainable before, and the habitual employment of forceps will be recognized as a signal improvement and safespared in this operation, making it in expert hards still surer—in those of these skilful or less experienced comparatively sure—(t) is Hospitheories, April 1850, p. 21.

97.—NIGHT BLINDNESS IN CONNEXION WITH SCURV) By Dr. Alexander Breson

On carefully examining the eyes in this affection no alteration what ever can be perceived in the tissues anterior to the tetrns. It seems fair, therefore to suppose that the disease lies in the retina, or else in the nerves and brain behind it. Further, as this curious affection rapidly disappears when proper diet has been obtained, it is evident that the changes are not of a permanent or organic nature.

Night-blindness most unquestionably, occurs much more frequently in scurvy than is generally supposed, but in consequence of the simulataneous existence of some more serious symptom, or if symptomy a less ambiguous character, it frequently passes unnetted to fact in the mixed service, patients are generally phosed on it is set, he before it occurs, or at all events before it become so decided as to induce the patient to complain of it. Still it a almost cortain that settry occasionally shows itself without any consumer of defect of vision, while there are other instances in which nearly every second (A) is accompanied by it.

The following is a remarkable instance of the prevalence of the discusse, in connexion with scurvy. The crew of her Majesty's beignst time "Griffon," employed on the way coast of Mires, for the prevention of the slave trade, had been victually to a saft rations for five months consecutively, when several of the men began to complaint

MACH STRUERY

that they could not see to do their duty on deck at night though the moon shope brightly at the time. Amongst them-elves it was called moon-blindness, consequently it did not cause much alarm, until out of about hit white man twenty-two were affected, and unmediately after the sun went down they had to be led about on the upper deck. in a beloless state of blindness. There was now just cause for alarm, as the vessel with so many men untit for night duty, was hardly a match for any of the well armed slavers so common on the coast at that period. Fortunately a man presented himself, complaining of a zore and a swelling on the calf of one of his legs, the true nature of which there was no meetaking, on examining his gums they were found to be swellen and spongy. He was one of those affected with night-blindness, the other men similarly affected were next exammed, as well as those whose vision by might was still good, when it was a cortained that all the former presented the most unequivocal symptoms of scurvy, and a few of the latter had spongy gumaothers, tive in manber were not attacked either with scurvy or nightblindness, but they had a more varied diet than the men. To obtain Treat facat, fruit and vegetables the vessel anchored at Prince's Islan i, and three days afterwards nearly the whole of the hemeralogic patients had entirely recovered their vision.

The ship's company of the "Delphin" another African cruiser, had, in the year 1-51, been a long time without obtaining any supplies of fresh meat or ve "stables, consequently scorbutic symptoms made their appearance, and at the enable time there were ton cases of might-bin liness. The medical officer mentions, that nearly all these men were able to disting in hole to at the distance of three yards by candik light, and even to read a book held close to the candle, but the instant tiney went on the upper deck, they gradually begin to lose sight of soir unding objects, and had to be led about from place to place. A few could plantly distinguish the stars and the top-gallant masks and yards but it limb that plane they could not see anything. Two cases occurred in the "Part" while employed in the Mozambegu Channel, for the cure of which blisters and various other means were used one improved, but the other resisted various modes of treatment until the vessel anchored in Simon's Bay, and fresh provincians were used one improved, but the other resisted various modes of treatment until the vessel anchored in Simon's Bay, and fresh provincians were used to the crew, when the patient to the astonishment

of the assistant surgeon wildenly got well.

Source will be top a the an executive sits in the Black Sea in the year of it and with the lift an execution it was accompanied with and whithin. In the 'Vong and cloved men were put on the safe it is remove a in an attack were will rough in a less degree. Fight case of in at all above, in mered at the same time, some of those patients is used a right a symptoms, while others were apparently free from them. Now of the inters were and test with either of them discass, work were sound in a large of by a better det.

In 1855 there were upwards of seventy cases of sentry in the "Fursalus," but two only of night blueliess were noticed. Her Majorty's sing, 'Busk,' was seventy two days in making a possipe round 'ape Horn to San Francisco, consequently disting all that time no fresh meat or vegetable's could be precured. Before she reached the above port, the surgeon examined the men, and tound twelve with sorbutic symptoms, seven cases of night blindness had occurred during the passage, and four of these were the worst cases of series? They all recovered immediately after they had obtained fresh meat and vegetables.

tine of the most remarkable instances of scorbitic night-blindness occurred in the "Winchester," while she was returning from India. Twenty cases were entered on the sick list between Trincomakee and the Cape of Good Hope, but they all recovered when the vessel anchored at Simon's Town, and fresh provisions were usual to the crew, on the passage between the Cape and England, however, when the men had been for some time victualled on salt provisions, the decise reappeared in the same persons, and continued until they had obtained fresh provisions at Spithead

In convict-ships proceeding to Australia, both scurvy and night blindness have frequently made their appearance, but the latter often escapes notice in consequence of the prisoners being sent down into prison either at, or a little after smiset. In the "Marquis of Hastings" which conveyed prisoners to Hobart Town in 1841, many cases of scarvy occurred, and there were ten of night-blindness, which pre-

sented no other symptoms of scorbutic disease

In all these, and in many other instances of a similar nature, the appearance of the disease simultaneously with scorvy, and its sudden disappearance when a better diet is obtained, the absence of the disease in vessels in which the men have a sufficiency of fresh meat and vegetables, even though employed in the same localities with others in which it has made its appearance, shows that it is entirely dependent on an improper or erroneous diet.—Ophthalmic Mosp. Reports, July 1859, p. 40.

798—Acute Itheumatic Ophthalmur. recovery under Morphox Treatment (Case under the care of J Z Laurence, Ksq., South Lendon Ophthalmur Hospital)—[The patient was a middle-aged woman, aduntted into the hospital suffering from a revere attack of acute rheumatic ophthalmia. The sclerotic was intensely injected, the sclerotic zone being well marked. The pain was intense, but the vision not materially impaired.]

She was ordered to foment the eye frequently with warm water, and to take a quarter of a grain of hydrochlorate of morphia every third hour

November 6th. She took the morphia regularly up to 4 P.M year-

() ()

teriar when she took the last powder. Towards the evening of the 4th the pain in the cyc began to abate now, the severe shooting pains have entirely left her, she experiencing only an aching in the eye when it is expected to the light. The sclerotic vascularity has considerably diminished.

The eye is a spelly recovered under the treatment of an ordinary case of a numericalis

Mr Laurence has new treated a number of cases of inflammation of the idea to and its by morphia without the use of mercury or blood letting mentify employed in these cases). He finds that the respectively will to this very simple (morphia) treatment, especially these in which intense jain is a prominent symptom, but that a certain run) but feare remain in which the old plan of treatment is the better to judice—British Med Journ d, Judy 9, 1859, p. 538

THE SYMPTOMS DIAGNOSIS, AND SURGICAL TREATMENT OF GLAUCOMA

By I W Hangs 1sq Assistant Surgeon to King's College Hospital and to the Royal London Ophtbaline Hospital

If the 2005 of vol xxxvii will be found an article on this subject by Mr. Hulke. He fears that the adoption of Gracic's operation of irridectomy in glaucima is not so much employed and valued as it coght to be much deference of opinion prevailing as to its value.]

the extrans historeact of opinion respecting the value of indections in plane and expressed by those who have personally tried the quant in have no death arisen from the indefinite nature of the cases which have then classed in her this denomination a greenish colour of the pupil having been taken as the distinctive character. The value of say operation in a given class of cases can only be correctly estimated which the character of the cases has been previously fixed and determined and too has been done for glaucoma by Dr. A von thosely who has o fully and necessately defined its symptoms, that he has left little to subsequent observers but to confirm his statements He, in element with all singeons, recognises two forms of this disease the choice and the acute which differ in degree but not in kind between the averteines there is a large proportion of intermediate cases.

Speed not Pre must re Prevol—In seventy five per cent or more, both of chronic and acute cases the more obvious outbreak is preceded by a preminitory period prodromal which may be extended ever a give of several in other or weeks or be limited to a few days only the event one are mornic cases so slight as bardly to excite a site or not be seen or a nonzet the lower classes who pay but it is in the first and the continuous are the model of the continuous are the model of the extreme with pain in the cycladi, and sometimes headache

They are at first transmit often happen towards evening and occur at long intervals. Afterwards accessions become more and more forget till at length the dimness is persistent and the pain chronic but still with remission and exactrbations. The superpurchival words be in the online and her me variouse the pupiliseration chands and slog it hand the globe feels hard. We are the field of values is as undergone a reconstant continuent progressing from the periphery towards the centre. Patients still see of local placed directly be one them fairly but cannot see things which he on one some

time Stage of Chronic Glamon 1 - In change glamming the premonitory merges gradually into the active period. The interry region is our rested, the radicles of the various subconjunctival vegos theoretic the crines with arches. The aqueous his our becomes serons the and muldy, and adhesions form between it and the lene "The size of the anterior chamber diminishes, the iris being method toswards towards the cornea partly by the lens, and fartly by the collection of heram behind it. The comea loses its listra resembles a piece of class which has been breathed on, its epithelial layer is raised in minute vesicles and its sensibility much impaired. The selective last a dirty leaden has and staphylomata form. Senerally 11st belowd the insertions of the ten lons of the recti musels. The globe in row very hard and sight is limited to bare perception of light or whills alad We must be careful not to be misled on this last perit be rause luminous spectra often happen long after all sight is host, soil we may be unnitentionally deceived by patients reluctant to believe themselves blind

At the trladeonia - The acute differs from the chronic form mainly by its terrible intensity, it is preceded by the same train of premonitory aving toms, but the outbreak is often so sudden and so violent that the earlier warnings are forgotten in the present storm. The attack often takes place at night. The patient wakes with violont throbbing rain in the eye, intolerable headache and sickuess, and rapid bland The pupil is widely dilated, fixed, and the globe very DUSS CHSUCS Patients have not unfrequently ascribed their idualness to a violent attack of bilious headache. After some hours, perhaps, a semission of the symptoms occurs, the pain abates, sight partially acturns, and the putient is full of joy at his improvement, but his homes are soon shattered by a fresh paroxysm It was only a tenin my improvement, and fresh accessions sooner or later bring total blimbuss

Of Ithulmoscopic Nagus—The ophthalmoscopic signs of glaucoma are, excuration of the entrance of the optic nerve the presence of visit le pulsation in the retinal vessels, and often hemorrhagic extra-assations into the retinal tissue and vitreous humour—Excavation of the entrance of the optic nerve is indicated by a puniar tint, and by a very remarkable arrangement of the vessels which are abruptly 1. na or seem so idenly to disappear at the margin beyond which they

214 SUNGERY.

cannot be followed to the centre of the entrance; this is particularly the case with the vens. When the tension of the globe is much mereased a visible pulsation in the retinal vessels takes place, and if not present spontaneously a very slight pressure uppn the globe with the finger will produce it instantly. The excavation of the optic nerve comes on gradually with the increasing tension of the globe, This part offers less resistance than the tougher sclerotic, and yielding before the excessive intraocular pressure is bulged outwards; a wasting of the nervous fibrils accompanies this important change. From this it will amear that in glaucoma the excavation of the optic nerve is due to two causes, one mechanical, the other vital, pressure and wasting,-the second consequent on the first. Now it has been very recently denied that this change in the shape of the entrance of the ontic nerve in glauconia is ever due to pressure, it being alleged that a degree of pressure which could pash the entrance of the optic nerve mutward; must necessarily also push the lens and iris forwards, and that extreme excavation of the optic nerve has been observed in cases m which excessive tension does not exist, and in which there is no matory of its ever having been present, in which also the anterior chamber preserves its natural dimensions. Such cases do occasionally occur, they were actually described by Graefe in a Memoir on Glaucoma addressed to the French Institute, 1857, and in the "Archiv für Ophthalmologie." Bt. iii. Abth. ii., under the designation of "Amanrovis with excavation of the optic nerve." The merbid anatomy of these cases has been investigated by Heinrich Mueller, and I have mysulf dissected the hollowed outic nerve-entrances of eyes which certainly at the time of their removal, during life, were not over-tense, and in which over-pressure had probably never been present. In these cases the tubules of the optic nerve have more or less completely desappeared; the surface of the hollow is formed by the membrana limitans by alond membrane, resting upon the connective tissue of the lamina cubrasa and that of the framework, derived from the inner layer of the sheath of the nerve, which separates and supports the bundles of nerve tubes and which is normally continued upwards as a delicate nucleated fibrous tissue, even through the Imnina cribosa to the hyahud membrane. This, then, is excavation of the entrance of time optic nerve from wasting and disappearance of its tubules, a change which has occurred without the agency of pressure, but it does not be timetely follow from this that the hollowing out of the entrance of the option nerve in chancoma, in which a similar atrophy also occurs, is also independent of pressure. Wasting of a tessue may be induced in suversi ways, and roadant pressure is a most efficient cause before while the hardest and softent tessues althe disappear.

flut over-tension to the leading feature of glaucoma, and it seems any natural to consider the hollowing and wasting of the optic nerve as one of the others. To these signs, excavation of the optic nerve-containce, and vester pulsation of the retinal vessels, a third is often

added, especially in acute glaucoma. Minute ecclymoses, points of capillary hemorrhage appear in the retinal tissue by the capillar of the over-distended capillaries. Often the membrana limitana given way, and small filmy bloodclots form in the vitreous humour, which becomes tinged with the hematine, and in specimens which I have dissected the stain extended to the lens, which had a yellow colour by transmitted light though during life it was greenish. Later in the disease the vitreous humour becomes clouded, and the lens and cornea opaque, and the ophthalmoscope can no longer be used.

Prognosis.—The prognosis is allowed by all to be a next unfavourable one. Blindness is the natural termination, and the pain often persists long after sight has been entirely lost,—rain sometimes too of

the most wearing kind.

Treatment.—Every candid person must confess that all known medical treatment fails to cure glaucoma, because it fails permanently to relieve the over-tension of the globe. General antiphilogistic measures are inapplicable, because the subjects are feeble, and local depletion by cupping or leeches affords only very slight and very transient relief. Those who trust to measures of this kind let them patients drift into blindness. But practice has put it beyond doubt that the removal of a portion of the iris of an over-tense eye does permanently lessen the excessive tension, and, therefore, does cure glau-The fact is not to be denied though a satisfactory explanation of its modus operandi may be still wanting. For the details of the operation itself, I must refer to a paper in Medical Times and Gazette Retrospect, vol. xxxvii., p. 265). I have nothing more to add to what I then said, except that I believe an ordinary Beer's extraction knife to be a safer instrument for incising the cornea, than the laneushaped knife of Jaeger, with which, as its point is directed inwards towards the centre of the anterior chamber, and therefore towards the vertex of the lens, there is greater danger of wounding this structure. In about two hundred operations performed with Beer's knife, which in making the corneal wound, only skirts the margin of the anterior chamber, the lens has, I believe, only been injured in three or four cases. In two cases the suspensory ligament gave way, vitreous humour was lost, hemorrhage into the globe took place, and the eyes suppurated. The immediate effect of the operation is to lessen the tension of the globe: the wound heals in a couple of days, during which the aqueous humour drains away, but when union is quite complete, and the integrity of the anterior chamber is restored, the globe still continues naturally soft. The most complete results are obtained in acute cases, when the improvement of sight is very rapid and striking, and the cessation of pain equally so when the operation has been early performed. In chronic cases the improvement of the sight is gradual, extending over some months; its degree depends on the progress which the structural changes in the cetina and optic nerve had made previous to the operation, and in these cases they

and wants years you so you can have all with a firm a the livestical with a tensing men the constant a space to an abound preserved when a let by patient had at the time it exceeds in the conversal and the paradiment always a section, but means terms , short secults , a to not a total forms of at frequently in the field of manageral to Mannet to your title of cott I nerve

then large end a cwelling a relection in plantaments with the arband report to the firstly - of the danger to be as as bombod to an operat of on an eye in a state of inter a conges tion is of an adjusted or delicate an exeration, for which they would substitute to accontend of the course or achirotica. These city at a meet mad value because they are not founded on practice. want the time into the contradage I will take them

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is the test and and array given that a near thing declere they decembe a new tree self that there to be full been exercised on matthe and touch northern in it god in for afterwards con at conviction and personal and orbein would be sm Then the sen et il ese beams the operation has been for spentived more and by the place parent a time where no rest nation of withit contains to sixiff a more reasing that our little int

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of the tinding to best necessins (a less) I had to travels, an lee my trut considerable staffed mutals it I need to be noted as a natural tension. Who then will assert that in the accious the open of a has been in location utility as framed? Here can the value and so one of any icined be asserted to be exceptively as recoverable and without the open cases will tend of all and the appearance of the interior and the contract of the account of the contract of the account of the accoun

99 - NIW OPERATION FOR THE RELIEF OF THE PAIN IN ACCTE GLAVCOMA

it ise under the care of H HANGOGE, Esq.

Ven Gr fe gives no theory whatever of his operate of a the rolof of acute of a ma, yet we must a browle he in distributioning its corporate of a ma, yet we must a browle he indistributioning its corporate of a many heat its performance is frequently followed by indication of the time a steed to by Vir Hancock is however preferable. I have the patient a box of fitteen two years previously injured his eye by a blow from a kinfle the significant was destroyed but there was no apparent breach of continuity. Two months is fore admission, pain and swelling of the exchall came on , at first gradually, then more rapidly, till the globe became twice the size of the other, masses of the capsule of a disorganized leas were visible. The right eye was healthy?

On the 5th of September Mr Hancock introduced a Bear's cataract finic at the junction between the coin a and the selection, the block in a inclined downwards the point proceeding inwards and for a wids. The place of puncture was the commencement, on the cours is included the lower semi-circumference of the coinca. The point of the kind in an having traversed obliquely the layers of the coinca was a new having traversed obliquely the layers of the coinca was a left acknowled towards the interior of the globe, thus dividing the colony lightness in a portion of its extent. On the 10m val of the nite a quantity of discoloured fluid escaped.

Mr II meak consilering that the great pain wa due to tension of the mis mile has ligament by accumulated fluid the product of the discremized parts beand believes that all the indications for the select of the suffering will be fulfilled by this operation. And its obviate as are

- 1 By the situation and oblique direction of the incision, a free diamage of the fluid is provided for.
 - 2 The iris is very slightly wounded
- 3 The pupil is preserved, of its original size, and in its normal situation
 - 4 The operation is very simple, and is performed remarkably quickly

Nept. 10th Except for an hour or so after the operation the patient has suffered no pain. The operation gave relief. He has slept perfectly well, is fore this, he has been frequently awakened by the pain induced by pressure on the cychall from turning in bed

- 11th Eye perfectly easy during the whole day
- $1\,{\rm th}$. Not the slightest pain, even on considerable pressure, the evoluli feels much less tense, the pupil is less dilated—no prolapse of reach the righ the wound.
- has not been the siight st pain, the size of the globe has sensibly diminished, the pupil is far less dilated than it was before the operation, and the globe instead of being haid and resisting, now easily yields to the touch, pressure upon it occasions no pain—Lancet, Oct. 29, 1859, p. 435

101 — Levalurum in West Vision of the Aged — Professor NASCAR, of Naples, says that in the case of aged persons whose sight is becoming embedded and requires the aid of convex glasses, great advantage is derived, supposing no nervous lesion exists, from painting every evening the eyelids and brow with laudanum, and allowing this to remain on all night — Med. Times and Gazette, July 9, 1859, p. 42

102 -NIGHT BLINDNESS WITH SCURVY IN THE CRIMEA

By J (Overs, Esq. 19th Regiment)

Private John Grady, of the 9th Regiment, was admitted into the Regimental Camp Hospital before daylight on the morning of 13th February, 1855

He stated that he formed one of the advance on the Woronzoff road in the previous might, and that he and a comrade were directed to keep a sharp hook out, which they agreed to do by turns, that about half yet three he fell askeep for a few minutes, and on awaking was a qui of to built hat he had totally lest his wight.

He was immediately taken up to camp, where he was attended to he stated that he had no pain or aliment with the exception of the total, and to him unaccountable, loss of sight. When a candie was brought into the tent, some vision returned, but he could not see the flame distinctly, and said it seemed as if surrounded by motes. The pupils were very much dilated more particularly the right, both acted freely, no abnormal vascularity of any of the textures of the even was visible. The entire comes seemed prominent, but this was each to be their normal state.

As the day-light returned, he recovered his right, but all through the day he complained of a sort of haze and a dimness, with constant symptoms of muscae volitantes.

The nights at the time were very dark, and there was about four inches of snow on the ground

There were no remarkable symptoms preceding his attack which came on regularly as might approached. On very bright mountight nights he could see a little, but could not discern any small or dark object, and the looking at them caused him severe pair in the state rather more than six weeks. It then began gradually to wear off, but he had occasional relapses both on dark nights and when exposed to a very bright light. He was always near-sighted, and this did not seem to be increased by the attack.

This man, in common with his comrades, was and had been for three months enduring the greatest privations, exposed to constant night work in the trenches, his clothes were scarcely ever dry, and his food consisted for the most part of salt meat and biscuit. He had been suffering from that diarrhea which in the Crimea was considered scorbitic, as it was neither true diarrhea nor dysentery, but a state of the bowels which was induced by the bad hving.

The treatment consisted in the administration of quinine, ipecacuanha to try and promote the action of the skin; blisters to the temples, with belladonna round the eye; but good living with fresh meat and vegetables being soon afterwards procurable, these seemed to benefit the patient more than any thing else.—Ophthalmic Hosp Reports, July 1859, p 37.

103—The Ophthalmoscope. (From notes of Mr Haynes Walton's practice at the Central London Ophthalmic Hospital)—The ophthalmoscope continues to be carefully attended to, and we take this opportunity of alluding to a fact in connexion with it that may be useful to our readers. As a matter of course, when the pupil has been dilated for the examination of an eye with tolerable or nearly good sight, considerable imperfection of vision ensues, and nothing is more common than for persons to declare that the use of

the off arbamongs he is a few determental to them. This is, of course comparts their important west the subject, but the false incression may be marrille evaluate for humaning the patient of the influence of the wires me and the me avenuese may be reduced by using a very week · but it an amoral a grain to the owner so that, although the dilacars a is but healy beclied a commend to the strenger formalistic of the second vineragence of the adjustment of the other eye 14 more untenford with the contract the contract the contract of the contract our then can in the natural state of the populating should be done. and it may be effected to all portical purished more frequently than is supposed. Mr. V. On a rom the hobit of first ascertaining whether at conference land retall it cornet des he dilute the pupil. We and a care there about a first that agoin which incipient cat trust was I are of he the new of the orhitedino cope, after full dilatation, which will not be objected in an endmery examination. In this case the a cotymas at the circumference of the leas, and whom viewed by moral of the oblith signer point intel a few dark stots at the mar, n which writistly fried as they approached the centre, and Mocarne as a composed of a number of dark lines converging towards the centre of bringing this patient to the light, and look ing carciully towards the circumference of the lens, the opacities could he won as small white such a, that might envily escape detection with the wiled eye .- Met Carola , & pt 7, 1:59, p. 117.

int - 1 1 7 15, 11 1,00 ; - 11 opht almoscope, fitte I with which is the restal the satent's hend, we by which the mercal in may 'ver shed to ve the deep standards of the eve, is now in to at the College Health It is mode by a Berlin opticion, at to we treat M Grete and his assistant. Unlike the one Which in the the two countries after, and requires to be fixed to the tark and the large are. The patient's head being fixed regions that we at offer the . Advent the metrament are adjusted to a proper from an illner on othered a deven observers in succession may to ketter ush discover more, and all of them see exactly the same i art of the retina with it any traible. It is, i i he like looking threw have full of a control of the control never gets out of focus. and the property of it brond ben effected by a skilled hand, any size in section the change hand reflector and lens regard a fair to come to be a thir can in effectually used the series to the series to be the series in trument will doubtis a stream the result of the ment or vents the loss of of militarily of our court in galant versel was is a succession of or participation to a line to well traced however so that he can " led the rediction to be a represent the with parties about the element to the tree of the comment was and the combining size will

i on the finite of alting room or puts that it is a first of a first for close part the first prometer the hards at the constant of a metatakent is a great relief since it have the hards at the cy of a draw from the ophthalms of the with an and, just as each of any from the marchage. Its cost mant present made is not looked and it there games. No doubt it will seen in the lead in the trades single—Med. Temes and Gas., July 9, 1879 y 23.

105 -Removed of Porena Balus from the Lir -- In As he and recommends the following as a very effectival press fire. Let's the buck of a chemiar piece of ringlass or court planter, two lines in diameter a pace of thread twelve or hierar nester here posts a attached by a very narrow strip of the same uniter al places at it angles over the thread. When this is dry, a piece or noglim or a me, lith is to be forn, two mehrs long and board onen to the part of round both arms of the thread into a cylinder of remaind so and firmnes. The ends of the thread should next be drawn and to bring the plaster upon the extremity of the symmer, around which one end of the thread may be wanted to keep it boso h dordin. The meater should now be freed from merchant, to mean; of a little lint or cotten, and the surface of the plants should be wetted and applied to the feetin body Addition with tile place in five or ten minutes, and then the I do near . removed with the plaister -Met Times setter, the set 1 17

MIDWIFERY.

AND THE DISEASES OF WOMEN BYS

HC-ON THE PHYSICAL DIAGNOSIS OF SPURIOUS PREGNANCY

By Dr J Y Simison Professor of Medicine and Midwifery in the University of Edinburgh

After touching upon Auscultation, which is merely a negative sign, and Percussion which is of much value in many cases, especially in discrimination of cases of mere tympanitis, the author passes or tactile examination and observes that there is in many of these cases a firm unyudding swelling of the abdomen, which might be supposed to be due to enlargement of a gravid uterus, but is in reality due to a tympanitic condition of the bowels combined with a peculiar tonu condition of the abdominal muscles, which are so firm and tense, as to ren ler it utterly impossible to make out the size and contour of the uterus]

Chloroform will generally solve the difficulty completely, if only given deeply enough. When the patient is fairly put to skeep with chloroform the tense abdominal muscles become perfectly relaxed, and on pressing on the abdomen you will find that the walls will give way before your hand, and sink backwards till you can feel the apinal column quite distinctly, and you then find the uterus to be of normal The phenomena presented by that phantom, tumefaction of the abdomen, while the patient is being aussthetised are very singular When the patient lies down on her back, and the abdomen is uncovered, it is seen to be projecting, swollen, rounded, and defined, like the abdomen of a pregnant woman, but generally, as I have said with an appearance of unusual constriction around the lower edge of the ribs. No change occurs during the first stage of the administration of the anæsthetic, and until the period of excitement has passed over, the swelling continues, and the muscles remain rigid and tense as at first, but gradually as that stage passes off and the respirations offers to become sonorous, the muscles begin to be drawn in, and the abdomen slowly flattens until it assumes its proper size or even becomes depressed and relaxed, like the abdomen after delivery. So long as the patient remains in a deeply ansesthetic state, you can make the most complete and satisfactory examination of the state of

the uterus, and, indee I, of all the abdominal organs; and you may have recourse to this expedient with perfect safety and success in doubtful cases of real pregnancy also. But when she comes out of her sleep again, in a case of sparious prognancy, the muscles begin to areh up and to become tense as before, so that by the time the patient is fully awake the abstomen is as large and sounded as ever, and the necessary examination again becomes painful. For, as I have already hinted, the patient has sometimes in pseudocyesis a degree of tenderness in the abdomen that renders her very intolerant even of a slight amount of preserve. The patient having wakened up and found the amswent turner still present, fails herself to be convinced of the fact that it had, for a time, been dispelled. But you may, perhaps, convince some of her founds of the absence of any real tumour, and their corroborative assertion may go far to bring her to a sound and proper belief afterwards. I had once a poor peasant's wife, from Berwickshare, with spurious pregnancy, who bothered all her friends, and kept them in a state of continued anxiety and trouble, because she was always going into librar, until she had arrived at a period which corresponted in her reckoning with the thirteenth month of utero-gestation. She was one of those persons whom it was utterly impossible to convince by any argument of the true nature of her affection : and her great confidence in the reality of her pregnancy had imposed on her friends, and led them for long to share in her kind of monomania. -for, after all, the mind is really in such a morbid state in some of these cases as to descree the name of monomania. Having put her under the influence of coloraform. I called her sister into the room. and made her feel the spine through the collapsed abdominal walls. and succeeded thus in demonstrating to her entire satisfaction that there was no child in her sister's abdomen. But the patient waking up, and finding an change in her condition and form, might have remained unshaken in her belief, and, indeed, was still for stoutly affilming that she was progrant, when her sister shut her up with. "Hand your tongue, woman' You've naething in your wame, for I felt your backbane myself with my ain hand!" I have no very satisfactory explanation to offer you of the nature of this very strange abdominal swelling, and of the peculiar phenomena observed in it. when the primit is in a state of amesthesia. Some years ago I made a number of unpersations on same of our hospital patients, to try and solve the difficulty. Some medical friends who had been told of the remarkable effect of the chloroform were quite certain that the swelling must have been due to distension of the howels with gas, which, they avorred, neest have escaped anob erved when the splaneter was relaxed during the deep sleep induced by the drug. But that this was not the more explanation we easily proved by introducing a tube men the section, and patting the free end of it under water, and then finding that no tabble of air escaped during the anæsthetic subsidence of the swelling. I believe that the phenomenon most probably depends

on some affection of the diaphragm, which is thrown into a state of contraction, and pushes the bowels downwards into the abdicated cavity. I am the more convinced that this is the true say limited, from the fact that you can sometimes make the abdominal swelling disappear for a second or two, by getting the potient to take a deap inspiration, and then suddenly breathe out again. But, whatever be the explanation, the value of anosthesia as an adjuvant in adding and establishing a correct diagnosis of such cases cannot be over-rated.

[Before proceeding to the treatment of this disease, Dr. S. premises a few remarks as to its pathology. Thus is still involved in great obscurity. In the greater number of cases we find on local examination no trace of uterine or ovarian disease whatever; in some we find slight engorgement, a little displacement, or ulceration. Yet from the fact of nothing being discoverable in the other cases we must not regard these as essential causes, only as concidences. So that, on the whole the disease would seem to depend rather on some disturbance of the ordinary functions of the generative organs than on any organic disease. In the treatment of the affection our first anxiety must be to raise or restore the standard of health, which is generally impared. Secondly, to counteract any existing uterine or ovarian disease; and, thirdly, to administer uterine and ovarian selutives. In the bromide and iodide of potassium we have remedies likely to act as direct sedatives to the generative organs.]

I know that by the administration of these drugs, and particularly by the administration of the bromide of potassium, I have often succeeded in cutting short the disease, and in causing the train of agreeturns to be suddenly broken down, after they had been in existence for a few months only, instead of allowing them to go on and apply the patient till the completion of a period corresponding to the usual term of utero-gestation, or even for a greater length of time; and this striking effect of these remedies I am disposed to attribute to some specific sedative action exerted by them on the aterus and ovarious And there are other facts known with regard to the use of these drugs, which go far to confirm the idea that they are possessed of such an action as I refer to. It is on this supposed action, for example, that Sir Charles Locock founds his recommendation of the brownly of potassium for the cure of epilepsy connected with menstruction. There is, as you are aware, a form of epilepsy which is liable to attack females, and more particularly young girls who have just reached the age of puberty, and who become subject to an attack of epilepsy immediately before, during, or after the recurrence of every metastrual period. The onset of the epileptic fits seems to be descriptive connected with some obscure kind of irritation set up at these periods in the organs of generation; and according to the experience of Sir C. Locock and others, this type of disease, which racely

yields to any other mode of treatment, may sometimes be cared ! the use of brounds of potassum, which probably acts by quieting it. excitement of the uterns. From these, and such like observations a to the action of the bromide of potassium on the interes I was his led to try the effect of it in cases of spurious pregnancy, and from what I have seen of its efficacy in these cases, I can recommend you very strongly to have recomse to its administration. Give hie or size grains of it three times a day, either alone, or with the addition of from two to three grains of iodide of potassium and I feel certain that you will often succeed in checking the progress of the merbid symptoms, and so in relieving your patient's mind of much anxiety. and in saving her much needless trouble and prolonged distress. The remedy, let me add, has this further recommendation, that it often proves a good tonic so that its use is not contra indicated by any constriutional detainty on the part of the patient. The bromide of potassum let me add, now also be applied locally to the uterus by having it made up in the form of a medicated pessary, and its action may then be aided or supplemented by the admixture of some other sedawire, such as morphia or belladonna. Or you may employ other local sedatives Thus I have sometimes attempted to allay uterine irritation in such cases, and more particularly where it was attended by, or amounted to, a certain degree of neuralgia, by the introduction of a stream of carbonic acid gas, or of that gas combined with the vapour of chloroform into the vagina, in the manner I explained to you when treating of the palliative treatment of circinoma of the cervix uteri Sometimes also, I have used leaches locally with a similar view. By the mere application in this way to the uterus of local sedatives you can never, without expect to produce such a powerful effect on that sigan as will lead to the cure of the disease, but I believe you will often and them most useful adjuvants to the internal remedies .--Med Times and therete. Sept. 10 and 17, 1859, pp. 250, 278

107—CASE OF ABORTION BETWEEN THE THIRD AND FOURTH MONTH, ENDING FATALLY FROM INTRACTABLE VOMITING AND DIARRHEA

By Dr T. HERBERT BARKER, Bedford

[The following case shows that even abortion may not be sufficient to save life in cases where the irritation produced by pregnancy has excited severe systemic disturbance.]

On August 2sth, 1808 Mr. II, aged 42 the mother of a large family, abouted in the fourth month of her pregnancy. She was not under my care at the time of the abortion for she had left this mighbourhood to visit bonds in I hanned, however, that a week better the abortion, she was recard with violent diarrhood and vomiting, which could not investigated up to the period when the focus was

thrown off. The abortion had been precided and follows it is a series able hemorrhage. Recovery was never fairly established the acceptant institution continuing all the time. I infortunately, it is determined to return home while yet suffering from the distintance of the almost are system, and consequent depression and was conveyed directly from her bed-room to the railway station. The last were males of her journey was in an open gig, and the was exposed to heavy rain.

As soon as she reached home, eight days after the abortion, I was sent for, and found her suffering purely from gastro-intestinal symptoms. She was frequently vointing, the vointed matters consisting of the ingesta, with a considerable quantity of bile of the assal green colour. No food could be retained, and her exhaustion was extreme that the most intractable symptom was district. This was persistent, in spite of every treatment. The motions were as fraquent as ten or twelve in the twelve hours, and the matters excreted were copious, liquid, somewhat deeply tinged and offensive, occasionally containing shreds of mucus. She complained of but little pain, except a barning sensation in the epigastrium and occasionally, in the cardiac egging of acute duiting pains, to which she had been liable for some years. There was no tenderness on pressure of the abdonen. The julies was 112, small and feeble. The tongue was moist, slightly furred, and red at the tip. The skin was moderately warm. Thirst was exceesive

In this case I used every variety of treatment, relying cheefy on astringents. In the list of remedies given, with every care, were catechia, kino, iron in the form of tineture and the persequentiate, the mineral acids, and opium in every shape. Opiate suppositories, and starch and landanum enemata, were freely used, but without avail Food. In any form, and medicines, appeared sometimes rather to increase than to lessen the symptoms. The vomiting was districting, and the dianthosa profuse, as though the entire system were being drained of its fluids. The countenance became indescribably purched and anxious. In spite of a liberal supply of brandy, carbonate of ammonia, ether, &c., she gradually sank, and died from sincer exhaustion, precisely fourteen days after the abortion.

Remarks—In my last reported case, we saw that abortion saved the life of the patient by stopping the gastro-intestinal miscales. In this case, although abortion occurred, a fatal result ensued from the intestinal flux and the vointing. The case, therefore, tells rather against than for the practice of producing abortion. It is nevertheless to be borne in mind, that the patient was subjected to unfavourable conditions after the delivery, that is to say, she travelled a great many nules, and was exposed to rain, while in a condition but ill fitted to buar these risks.

The second point of interest is, that medicinal measures of the astringent type—pushed to the fullest extent and with every earst-proved atterly unavailing. They neither arrested the veniting interest.

checked the diarrices. Some of the medicines, particularly the cretaceous astringents, seemed to me to increase the mischief and to cause pain. Indeed, it has never been my lot to witness a case in which all medicinal and district treatment was more tenaciously resisted.

If—as one of our judges recently intimated in his most extraordinary charge to the jury—maintenability to all treatment constitutes a ground of suspicion of foul play, here was a case for the gravest surfacion. Nothing can be weaker, more illogical, or more dangerous, than such a dozing.

This case differs slightly from the previous one in regard to symptoms. In the preceding case, the symptoms were of the dysenteric type. In the preceding case, the symptoms were of the cholerate type. In both, nevertheless, shreds of membrane were thrown off. In the preceding case there was tenesmus, in this, that symptom was about the matters ejected being passed without effort or pain. In the preceding case the patient made no complaint of burning pain in the stomach, in this case that symptom was a distressing one. These are the differences—they are minor in kind, but deserve attention. In one grand respect the cases are intimately allied; that is to say, the gastro-intestinal symptoms had their origin in uterine irritation, and in that alone.

There is every reason to believe that the connection between really serious and even fatal disturbance of the gastro intestinal mucous membrane and pregnancy is more common than has been suspected. Since my former case was forwarded to the Journal, several recorded case; have been referred to In a letter by Drs Richardson, Thudichain, and Webb, upon the case of Isabella Bankes, these anthors show that this connection has been so frequently observed on the other si le of the Atlantic, that it has led to the announcement of this subject for prize competition. This prize was awarded to Dr. David lintchinson, for an excellent essay, in which he has brought together many valuable facts. The connection of dysentery and pregnancy has been noted by Guillemeau, Mauriceau, Shaw, Denman, Burns, and others of our early obstetric writers. In 1848, Dr. Churchill published the history of a case, which, in some points, is like the one which occurred in my practice. A case by Mr. Edmunds was fatal after the miscarriage, the decessed action had been thoroughly set up, and the dysentene symptoms continued in spite of everything. Another fatal case has occurred in the practice of Dr. Freeman of Vomiting alone, without either diarrhees or dysentery, has proved fatal during pregnancy Dr Tyler South has met with meli chars M Cartaya, in an escay, Vommenments incorreibles grenthank to Groevesse, has collected hity-night cases, twenty-four of which proved fatal to the mother Pro essor Stoltz, of Vienna, records eleven fatul cases. In 1-77, a discussion took place in the Academy of Medicine in Paris, on the propriety of producing abortion in these extreme cases

The resemblance of these cases of sympathetic spatis intestinal mischief to irritant poisoning has been so applying in some methanogo. as to have led to suspicion. In two cases, indeed, referred to by the Tyler Smith and Dr. Richard Quain, the suspecton was so strong, thus the ejecta were submitted to chemical examination. These facts remind me that two years ago a half was rejeatedly under my care, with severe attacks of sickness and diarrhora during the very carliest purpod Several circumstances in this case rather puzzled me, of pregnancy and led me to suspect that the gastric symptoms were not safely the result of the pregnancy. This lady had never suffered from suckness during any previous pregnancy, it was not in the least restricted to the morning, but common at all times, but mostly after fruit, and whether at rest, or otherwise. The sickness was not acrosspanied with acidity in any shape, but it invariably preceded severe diarrhesa, as though the stomach rejected some offending material, a portion of which afterwards passed through the intestinal track, and caused note These attacks were perfectly amenable to treatment. A soothing mode of medicinal treatment, diet and regimon with quiet, always relieved, the attacks were nevertheless, frequently repeated, and severe, producing considerable constitutional disturbance. Within the first four months and a half of pregnancy, this lady was under my care as many as seven times with attacks of sickness and diarrhies of the character described above After I had seen her through four attacks, the idea of irritant poisoning from some source or other certainly crossed my mind, and I mentioned my surpleson to the husband. We carefully examined the kitchen, but could not find anything improperly used for culmary purposes, and there our suspicious Every subsequent attack was regarded as a not common phase of sympathetic stomachic and intestinal affection, which would probably cease before long. This was the result; for, after the first half of pregrancy, she never had another attack.

With these facts before us, it behoves us to act with great cantion where pregnancy is piesent; for there can be no doubt that new and then we meet with physiological and pathological effects which are quite beyond the common beaten track of observation, and which can only be duly appreciated when the fact that pregnancy exists is itself known

It has been urged by some professional men, that while these peculiar symptoms incident to pregnancy are possible, they are not common. I admit the fact, and I admit it on twenty years of active experience. But it strikes me, from the same experience, that cases of irritant poisoning are much less common; and I have sufficient confidence in my countrymen and women to believe that this view is correct. Any way, I am very happy that may cases, I brought no one up to trial for a life, and I submit that medicine will soon be called Moloch, if many similar cases, because they resist remedies, are to be set up as illustrations of slow poisoning by Iclomous administration.—Brit. Med. Journal, Oct. 1, 1839, p. 792.

10" -HEMORRHAGE AFTER ABORTION

light loves, ksq, Strefford Shiewsbury

The perusal of Mr Humphrey's case of Uterine Hemorrhage in the fourteal for Documber 4th unduces me to relate briefly a very similar case, which occurred in my practice some years ago The subject of it was the wife of a black-mith residing near this village, over 30 years of age. She was a woman of good constitution but the tone of her againg had been considerably reduced by privation and anxiety. induced by the ar longed and serious illness of her husband. She had hardly complete I the third month of utero gestation, when she expemenced a sudden fright, and abortion was the consequence. The oving was reported to have been expelled, and nothing alarming happone i till some days afterwards when she suddenly jumped out of hed to assest her husband in an emergency Profuse loss followed, and I found her in a fainting state, with copious gushes escaping every two or time minutes. A plug applied put a stop to this at once. For the next month or five weeks, the same recurred, in spite of all treatment suggested including the mineral acids metallic salts, vegetable styptics, opium and ergot with cold affusions and astringent vaginal injections. On many occasions, the timely use of the plug appeared to rescue her from impending dissolution all other treatment was of no avail, and such was the fearful condition to which my patient was reduced, that I looked upon her case as all but hopeless. As a dernier respect. I decided to try the effect of mercury One grain of calomel and half a grain of opium was therefore given every six hours bowels were relieved occasionally by cold water injections and active counter irritation was applied to the sacrum No serious hemorrhage happened afterwards, and my patient made a slow but perfect recovery.

I have adopted the same treatment, with the same success in several obstinate cases of the same character since, but of late years. I have placed much confidence in another remedy for such cases, and have seldom been disappointed by it. That remedy is on of

turpentine

There is nothing so much to be depended upon in these cases as the plug well applicat. We have the bleeding almost at entire command; Mr Jones found calomel and turpentine very effectual. We think well of turpentine, but in these cases gallic acid or tannin will be found even more efficacious. The turpentine cannot be continued week after week in hemorrhagic cases, but gallic acid or tannin can. You may give five or ten grains of gallic acid every few hours, or tannin two er four grains for a long time. We have continued one or the other of these medicines for weeks without any bad effects. The acetate of had is sometimes more efficacious still, when all the other styptics have failed. Of course we assume that the feetus and deciduous members in placenta have come away.—En Retrospect.]—British Med.

109-ON THE USE OF OXALATE OF CIRIUM IN THE VOMITING OF PREGNANCY

By Dr J Y. Simpson, Ldinburgh

terium is one of those rare and little known metals which were first discovered in the culy part of the present century, and is found chicily in the Scandinavian mines, combined in small proportions in I believe that any of the other transactions of the various minerals metal would fulfil the indication equally as well as the exalate which as used samply because it is the most easily procurable sait of certain in the market, oxalic acid being used to separate the cerum from the metal with which it is most generally combined in nature, namely, didymum The action of cerium on the stomach seems to be that of a sedative tonic, resembling in some degree the action of the salts of silver, and bismuth, and I have seen it succeed in curing the most obstinate cases of vomiting so much oftener, and so much more speedily than any other remedy, that I have come of late to have great faith in its employment. I would not lead you to suppose that by the administration of a quantity of oxalate of cerium you will surroud curing every case of vomiting or even in alleviating it in every case, but I am certain that you will find the remedy successful in a larger majority of instances than you will find any other one drug You may give one or two grains of it, three times a day or oftener, in the form of till, or mixed with a few grains of gum tragacanth in the form of a powder The vomiting usually ceases after a few desce have been taken, but in some cases it does not abate till the remedy has been persevered with for several days. The effect is sometimes instan I had a patient some time ago from the west of Scotland. and when her husband first came to ask me to voit her I was encound and could not go, but after hearing his account of the case. I gave him a prescription for cerium pills, which I desired him to administer to his wife till I could get to see her He came back next morning. asking what the medicine was which I had given him for the effect of it had been like magic. The vomiting, which had been going on almost incessantly, and which nothing seemed to have any power of alleviating, ceased upon the administration of two doses of the cornum In a previous pregnancy in this patient it had been made a question for a medical consultation whether abortion should not be induced, to save her from the effects of uncontrollable sickness and vomiting. But the good result is, unfortunately, not always so immediate of the earliest cases in which I employed it was in the case of a lady who came from Greenock, when she was pregnant for the fourth time, and had arrived to between the third and fourth months of gestation For these three or four months she had been always vomiting many times a day, and often during the night also and that whether the stomach was empty or full. She could take but very little food for she always sickened at the sight of it. It had been the same in all

her former pregnancies; and on the occasion of the first of them the vomiting was so severe as to bring on a miscarriage, and the patient's own life was despaired of. She got, first of all, one grain of oxalate of cerium, but vomited three hours afterwards. She was then told to take a grain every three hours for a day, and afterwards one grain thrice a day. This was successful in checking the vomiting, and a few days afterwards she left Edinburgh, feeling quite well, eating her meals heartily, and free from all sickness. Everything had been tried by different medical men in the west which afforded any prospect of relief, as creosote, prussic acid, bismuth, lime-water, ice, champagne, oppum, blisters, &c., but all without effect. The only thing from which she ever experienced any benefit, and that was only very transignt and temporary, was calcined magnesia. Yet it required only a very few doses of exalate of cerium to produce a perfect cure. Shortly afterwards I saw with Dr. Craig, of Ratho, a case of severe and persistent vomiting in pregnancy, where he had tried everything; but in vain. She, too, was cured by a few doses of cerium. When the probriety of entering this and other modern remedies in the new Pharmacopcena to be published by the Medical Council was lately debated. it was objected that so little of the drug is used that it is not worth while classifying it among the other recognised medicinal agents. But on making inquiry lately at the drug shop of Messrs, Duncan, Flockhart, and Co., in this city, I was told that they had sold as much as sixty-four ounces during the preceding twelve months, and I feel assured that it only requires to be more widely known to make it more extensively esteemed and employed as a general metallic sedative tonic .- Med. Times and Chazette, Sept. 17, 1859, p. 280.

110.—On the Induction of Premature Labour by Uterine Catheterisation. By Prof. BRAUS.-Professor Braun, of Vienna, states that he has for several years given a preference to this mode of inducing premature labour; inasmuch as it is very certain, operates rapidly and safely, brings on the pains with gradual energy, gives rise to no ill-consequence, such as congestion or injury of the uterus, or detachment of the placenta, and is performed by the single application of a simple instrument. One disadvantage of the procedure is, that the membranes may become somewhat easily ruptured, especially in priminare. In order to prevent this accidental rupture, the author softens in hot. water the end of a well-oiled catgut bougie, a foot long, and from two to three lines thick, and passes it along the index finger with a twisting movement into the uterine cavity, until only a portion, equal to two lingers' breadth, remains in the vagina. The bougie so passed always excites pun in from six to twenty hours, does no injury to the membranes, and is to be removed only just before the discharge of the waters, or the birth of the child. The employment of a gum catheter having a very turn flexible stilette, is usually also attended with

good effect. Its application is difficult, however, when the vaging a barrow, and deviates from the pelvic axis. During the session 1853, and 1853, Professor Braun employed catheteriation 12 times, 11 children being born alive, and 5 dead—three being twin-births of the mothers 8 recovered, and four died during the puerperal provess, pneumonia, tubercle, and Bright's disease, having been respectively the causes of death. The labour was terminated at an average period of twelve hours after the introduction of the catheter.—West Med. Wochenschrift, 1858, No. 46.—Med. Times and the steel, June 11, 1859, p. 606.

111.—NEW TESTS FOR THE KIESTEINE OF PREGNANCY.

By Dr. J. Braxton Hicks, Assistant Physician-Accoucheur to Guy's Hespital.

[The chief reason why the presence of kiesteine in the urine is not more frequently resorted to, as an aid to the diagnosis in doubtful cases of pregnancy, is the length of time occupied in its spontaneous separation from the urine.]

As there is no amorphous deposit thrown down from urine previously clear, within two or three days, which is not easily disadved by heat (lithates) or by dilute acetic acid (phosphates and carbonates) excepting from that of pregnant women, it is evidently not necessary to wait till the decomposition has gone on to form the white pelicies which ensues upon protracted exposure; but if a deposit takes place varying in colour according to that of the urine (but naturally white) unchanged by the above-named tests, then we may safely conclude that the urine contains kiesteine.

This deposit varies from copious troubling to that of small flakes falling to the bottom, and probably results from the natural acid of the urine, or the formation of lactic acid in it, coagulating the newly-altered kiesteine: and the time at which the troubling takes place varies also, probably, with the rapidity with which the change by the air goes on and the condition of acidity.

If, then, we add rennet to urine of pregnancy, we shall find that in nearly every case the deposit above alluded to appears at an earlier date than if it is not employed; in some cases, within an hour (this is uncommon); in others (especially if the urine be recently passed), in from twelve to twenty-four hours. In the majority of instances, the change produced by the above-named agent has been in advance of the usual method by about half the time, and the quantity of the deposit has been decidedly greater.

Now, the greasy-looking pellicle which has always been waited for as a sure sign of kiesteine, consists of a small quantity of amorphous matter (kiesteine); occasionally a few fat-globules, but not constant; numerous crystals of the triplephosphate, amorphous carbonate, and

phosphate of line, which incrusts the numerous so-called vibriones, thereby preventing their peculiar movements till released by the addition of acetic or other and. All these are produced by the process of decompt at an, and form therefore but a crude test being also somewhat unitated by the decomposition of albuminous and diabetic urine.

Rennet, I have found, has no action on healthy, dishetic, albuminous, or phosphatic urine. A slight deposit sometimes takes place, looking sometimes like mineus, but I think urine giving off but a slight proepriate should be held doubtful in respect of

kiesterije

If, atter the deposit is well formed, we add to, say, half an ounce of the turbed armost taking the lower portions) a few drops of strong solution of aminon i, and boil for a minute or two, we shall find the deposit is formed. To a serif nucous mass, so that the urine becomes almost treinflow. When this occurs, it is I think, characteristic of keesteine. It can be produced without boding, but the change is abover and not so complete. If the deposit be scanty, the above appearance is not so well marked; but, by careful watching, it may be observed annight the flakes which are formed.

This test for kiesteine can be employed equally well with or without the previous use of rennet. The quantity of phosphates thrown down by the aurhouta may be known by adding gradually acetic acid, so as to slightly accidiate. What remains undissolved is the

kiesteine.

In employing rennet I find the best method is to mix about two teaspoonfuls (as described below with about three ounces of the urine, if it be recently pass. I. but it it has stood some time, and the kiestine is about to be deposited. I like to pour it quietly in, so that it may fall to the bottom. The deposit is then clearly shown at the juveture of the two flinds.

Alkaline urino should be accurately neutralized by acetic acid, and should have be present, it should be allowed to stand, and then be filtered (However, the rennet semi-gelatinizes pus, so that it is not of very great consequence). This plan should be adopted in all cases where the uring is turbed, from phosphates, pus, mucus, or extra-

neons matter

The chief advantages of the employment of rennet are—

1st Saving of much time

2ml Increase of the deposit

3rd The denorit is nearly tree from phosphates.

48h It is nearly from from smell.

The reduct I user prepared in this way — Take the fourth stomach of a cult as soon as killed, and scour it well inside and out with salt, so as to remove the curr. Let it drain a few hours. Place it in a with mouth ad par, and sprinkle a handful of salt upon it. In a short time the purce will exact, and dissolve the salt. Take this and filter

per, place it in a befule, and use as required, all continue to yo life fluid for some time other small quantity of warm water should be poured, to stand a day. Then lifter the judge. The e filled with saft and rearn up, or it can be odry. In the latter cares pour warm water upon it some hours, adding saft to help to preserve it, if the judge is the better lited, may be obtained of almost any butcher. —), p. 281.

of the Yearly Repending of Oca in Wante. . Matter regards the theory of the monthly neutrently with men-trustion as erronerus, and ovary only one annual ripening takes place. The shinary, March, and April are especially favour-The appearances of this condition come on at others very painfully. The general appears of the voice, sleeplessness, at times neuralgoss, frequently palpitation, cough, hearseness, with in the breasts. As local symptoms, there are pain in the abdomen, from the sacrum to tie pains in that side of the polvis on which the swollen and tender, there is also light and ernal genetals. The menstruction is disturbed. fore profuse most frequently more scanty, comattended with nausea. At times lenourrhesa. pathetic symptoms in the breasts, the exetaon causes pains, nausca, even hysterical gramps; , and phiegmon may occur. According to the ptoms may last for four, twelve, or twentyear altogether, or pass into symptoms of preg-The interval between the ripening of the is variable. The minimum observed by the the maximum, five months. Dr Matter forrly incening mostly ceases at the same epach as its and the rut of animals.—Urd, and Foreign riew, Oct. 1859, p. 553.

CIONS ON THE PATROLOGY AND ENT OF PLACENTA PRÆVIA.

UR S DONKIN, Newcastle on Pyne.

3 adopted the opinion of the late Professor that the hemorrhage in placents previous issues at portion of the placents which has become detached, and not from the enfices of the exposed uterme vessels. This hypothesis he attempts to explain on our anatomical knowledge of the vascular structure of the material portion of the placenta. But this is evidently circoneous, for, as observed by Dr Barnes in cases where only a portion of the placenta is abnormally attacked to the cervix, on the separation of this portion from the cervix, the remainder continuing attached to the fundus the flooding is arrested. It is in fact the contraction of the womb which seemes immunity from flowing, and not the mere separation of the placenta. Dr. Barnes tuther asks, How is the flooling stopped from that part of the uterns bared of the pincenta! and answers his own question thus-Indatation of the mouth is owing to contraction of the longitudinal fibres of the cervix, and this contraction of the cervix arrests the bemorehouse in the same manner as flooding after normal detachment of the placenta is stopped. Thus, the first effect is bleeding, the se comi to stop the bleeding. The severance of the placenta is accomplished in these partial presentations in successive arcs or zones from the on newards, until the boundary line between normal and abnormal placental unplantation is reached. This zone attained, the labour is a natural labour. Dr. Donkin says]

With regard to these propositions, advanced by Dr. Barnes, the following queries may be put

lat Is dilatation of the os produced by contraction of the cervix, of whose cavity it is merely the external onlice?

and I have the converse region of the uterus contain longitudinal muscular fibres by whose contraction it is shortened or retracted?

3rd Is the spontaneous arrest of the hemorrhage, in placents process which checks that following detachment of the placenta from the fundus after natural labour, namely, contraction of the muscular coat immediately around the bleeding ordices in the early stage of labour?

4th. Does detachment of the placenta from its previal implantation commence at the os uteri externin, and extend gradually upwards towards the uterine body,—or, in other words, does the severance, in central cases, proceed from the centre to the periphery of the placents?

These queries I will endeavour to answer in the negative, in making the following observations on the anatomy and physiology of the corvix ateri

When we attentively consider the gravid uterms at or near the term of attro-greatation, we are struck with the analogy it bears to the hadder which is a holion magnified organ, permitting its contents to accumulate until it is unable to sustain a further amount of distension, and then expelling them by a vigorous contraction of its muscular walls. The only difference being that whereas the contents of the bladder are lightly, one single contractile effort is sufficient for their

The contents of the uterus are, on the other hand, weiel, and meet with considerable resistance in their passage, a series, there fire, of successive efforts, between each of which there is a paire, site necessary to enable the organ to empty itself. But this analogy of the grand uterus, at the full term, to the distended bladder, recting or other hollow muscular organ, may be carried still further. for was only are its muscular fibres those of involuntary or organic life, but like these, it is provided with a sphincter, which passively dilates or relaxes prior to and during the act of expulsion or evacuation, and immediately contracts when this has been accomplished sphinoter is the cervix The gravid uterus, then, physiologically considered, consists of two parts; the first being the body and fundes, whose office is to contract; and the second the cervia, which pas-

sively expands during the act of parturition

"The neck of the uterus" says M. Cruvelhier, "is composed entirely of circular fibres, which intersect each other at very acute angles." This opinion is corroborated by the researches of M. Johert, who observes that "the uterme neck is formed of fibres which constitute semicircles, and decussate without minging; the semicircular arrangement is more evident in women who have had children than in According to the same author, a portion of the nameular fibres forming the superficial longitudinal layer on the posterior surface of the body, pass into the posterior surface of the cervix. This latter assertion, however, is at variance with the opinion of Dr Farre. whose observations show that these longitudinal fibres are entirely absent in this portion of the uterus. We are therefore, I think, in a position to conclude, that in the arrangement of its insiscular tissue, the cerns differs from the body and fundus in the absence of a superficial layer of fibres having a longitudinal course or directions, the fibres of which it is composed having a concentric arrangement in the manner of a sphincter. But this is not the only structural difference, which the scalpel and microscope have revealed, between these two portions of the uterus. For it has been ascertained that the cervix, or rather its middle coat, is composed not only of involuntary muscular fibre, but also of fibrous tissue; the two being intimately mixed together, but the quantity of the latter being so abundant that, in the opinion of Dr. Farre, "this might, with almost as much propriety, be called the fibrous coat of the cervis."

M. Jobert has likewise pointed out the important fact, that white the peritoneum is firmly and closely united to the muscular substance of the body and fundus, in the cervix, on the other hand, a considerable quantity of loose cellular tissue intervenes between these two structures "We may establish as a law," observes M. Jobert, "that the peritoneum is connected with the proper tissue of the uteries, in woman and in animals, by muscular fibres, never by cellular tisate of by yellow fibrous tissue, and that cellular tissue, in the entire animal series, is the means of union between the peritoneum and the

neck of the uterus the vagina, and large ligaments." This lax cells: lular tissue, according to Lr. Farre, also intervenes between the anterior surface of the cervix and the posterior wallof the bladder, where they are mapposition, and in which locality the former is uncovered

by peritaneum.

These instological facts, then, justify the conclusion, that the mechanism of the cervix is such as to enable it to undergo, by means of its plentiful non-muscular element, a great amount of passive dilatation or expansion during the primary stage of labour, and by means of its circularly arranged muscular structure, to contract when the uterus has emptical itself, or, in short, to perform the office of a sphineter; while its connection with the peritoneum and bladder is so loose, that its delatation and shortening can be effected without inflicting mechanical injury on these important organs. Against this suggestion the objection will probably be advanced, that there is no definite line of demarcation between the body of the uterus and the cervix—that they become gradually blended together; but the same argument will apply with equal force against the existence of a sphineter to the bladder.

To maintain, on the other hand, in the face of the anatomical evidence which I have adduced, that dilatation of the cavity and external orifice of the cervix is produced by the muscular contraction of its walls, or that the latter contract simultaneously with each successive contraction of the body and fundus during labour, would be quite as illogical and irrational as to assume that the neck of the bladder is opened by the contraction of its sphincter, or that the latter contracts during the act of nucturition. For it is well known that a muscle contracts in the direction of its fibres; so that, were the cervix to contract during labour, it being a circular hollow muscle, its cavity would be prevented from dilating, and it would then constitute an iusurmountable obstacle to the completion of labour, and lead to grave results. Besides, no one, it may be presumed, will deny, what common sense would teach, that the cavity of a hollow organ can only be enlarged by the expansion of its walls, and not by their contraction. Now, as the cavity and orifice of the cervix do become enormously dilated before the pregnant uterus can be emptied it follows, that this amplileation can only be produced by expansion of its walls, and that this expansion during lubour, from the rapidity of its development, can mly be of the passive kind, and the result of the operation of phyical forces.

[In summing up his observations on the anatomy and physiology of he cervix, the author pixts the following proposition:]

While the lody and fundus contracts during labour, the cervix is rechanguly expended, by relach process the os externum is diluted, by this passive expension the circularly arranged abrous and musdur tissue of the receix is put upon the stretch, and the whole cervise

considerably shortened. I therefore hold that it is anatomically and and physiologically impossible that "dilatution of the us is crottantion of the cervia." as asserted by Dr. Barnes.

Having offered these suggestions on the anatomy and phyrology of the cervix. I will now endeavour to explain the part which it plays in

the pathology of plecents provide.

The expansion of the cervix, from the lifth to the muldle of the eighth month of pregnancy, does not in the map raty of cases in idea any severance of the placenta from its attachment to it, at all events, it is seldom that hemorrhage, the never-fulling attendant on such a result, makes its appearance during this period. The reason may be a counted for by the fact that, up to the last mentioned date at least, the placenta is rapidly growing. This increase or growth will enable it to keep pace with the slowly expanding cervix, and to mould theeff to the altered shape of the latter. In those cases, again, where the hemorrhage does not make its appearance until lateur commences, it is possible that placental growth and cervical expansion progress, seres quissu, up to the full term. In those cases, on the other hand, where the hemorrhage occurs earlier than six weeks before the term, it some be presumed that the cervix expands more rapidly than is usual, and thus gives rise to placental detachment.

In most cases, however, of placental presentation about six weeks before the term, or later, the equilibrium is abolished between placental growth and cervical expansion, the former process bung at or mear the period of its completion, while the latter is progressing with greater rapidity and force. An antagonism is thus engendered. between the placents on the one hand, and the cervix on the other, at the point where the latter is, for the time being, undergoing expansion, and a severance between the two in this freality is the result. By this separation, the tension of the cervix on the placents is for a time relieved: but, as expansion continues, the same process is repeated again and again at certain intervals, nutil the term of greatetion arrives and labour commences. In this manner the sudden and repeated attacks of flooding, during the latter weeks of pregnancy,

are accounted for.

When labour is established in a prævial case, in which nterme action is frequent and vigorous, and the cervix soft and clastic, each succeeding contraction of the body and fundus of the uterus expands a "zone or arc" of the cervix, and, consequently, detaches a corresponding amount of placenta, until, after the return of a sufficient number of pains, the whole of it is completely recied off from the cervix. And if the cervix expands, as I have endeavoured to show, not only before but during labour, from above downwards, it follows that the detachment of the placenta must follow the same course. It must therefore commence at the upper portion of the dervix, and, by the agency of each succeeding uterine contention, travel down marks. When the placenta, then, is centrally attached, its severance will proceed from its riargin towards its centre, if, on the other hand its attachment is partial and confined to one surface of the cervix, the course of its severance will be towards its periphery. This opinion, though in opposition to the authority of Dr. Barnes and others, is in accordance with that of Dr. Ramsbotham who in explaining the cause of unavoidable hemorrhage prior to labour observes, that 'when five months are completed, or about that period, expansion commences, and this unfolding or developing of the fibres must necessarily produce a separation of the placenta from its previous attachment to the

upper part of the cervix "

It may with confidence he asserted, with regard to the hemorrhage which unavoidably results from the detachment of the placenta from the cervix, that the accumulated experience of the profession has demonstrated two very important pathological facts. The first is, that in general the hemorrhage entirely ceases, or very considerably diminished, in the interval between each contraction of the uterus, and breaks out afresh with every returning pain The second is, that as soon as the placenta is spontaneously and entirely detached from the cervix, whether its attachment there was partial or complete, the hemogrhage is permanently arrested, and if the mother survive up to this period, the labour progresses and terminates without a return of the flooding. The doctrines of Professor Simpson and Dr Barnes on these peculiarities of the hemorrhage I have already analysed, and will now venture to advance my own opinions on the subject, which are based on the views I have already expressed on the anatomy and physiology of the cervix. These opinions, for the sake of brevity, I will place in the form of propositions as follows

Proposition I - hach vigorous contraction of the uterine body and fundus mechanically expands a portion or "arc" of the cervix, the expansion of this portion severs the placenta from its surface, hemorrhage is the immediate result, principally from the vascular orifices, both renous and arterial, opened on the surface of the cervix, and partly also from the onfices on the placenta. The further progress, or ulterior stage, of this passive expansion, closes the bleeding orifices on the cervix by the mechanical compression exerted by its stretched fibres on the outer surfaces of the utero-placental vessels, while coagulation arrests the feeble flow of blood from the placental orifices Thus by the time the body and fundus have ceased to contract, the theeding is entirely arrested or greatly mitigated. The same process is repeated again and again, by every succeeding pain until the whole cervix is freed from the placenta, when its repetition can no longer take place. This is the mechanism by which nature arrests or mitigates the hemorrhage after cach pain

Proposition II - blooking after spontaneous and complete separation of the placenta from the cervix, is permanently airested, not merely because the process of detachment is complete, but also because, when this period arrives the cervix is expanded and shortened to such an extent, that the mera planental norm's passing for a distra substance are flittened and rendered impersions by the pressure of its stretched tissue

Proposition III -Immediately after the uterns has employed stacif of its contents, the cervix change + its condition of mechanical expansion for a state of rigid continction. This latter could not prevente bemorrhage in prævial cases after delivery, in the same manner as contraction of the fundus prevents it after the separation of the gla-

centa in ordinary labour

The modus operands of mechanical expansion of the errors, in compressing the utero placental vessels, as assumed in the first two propositions may be illustrated in the following very simple manner If we take a short tube, or a broad ring or "hoop," the waits of which are composed of threads or fibres of clastic india inblor into mately interwoven with each other in a somewhat circular direction. suppose this short tube has the meshes in its walls also permented by numerous circular canals opening on its inner surface, and having flexible walls of their own, and suppose the diameter of the cavity of this tube to be an inch, if we forcibly expand it in a cucrific manner, until its cavity attains a diameter of four or five inches, we shall then find, that the stretching its walls have undergone will have squeezed and compressed these flexible canals and closed their orifices, in other words, their cavities will have become flattened and obliterated by the mechanical pressure to which they have been subjected Now, I hold that by this species of mechanism, which is exceedingly simple and easily understood, nature arrests the hemorrhage in placenta prævia. For I contend, it cannot be shown that expansion and stretching of the cervix will not have the effect I have described on the large utero-placental vessels passing through its substance, to such a degree as to completely arrest the pressure of blood through them, or to such an extent as to enable congulation to produce that effect. I therefore contend that the hemorphage is not arrested, as is maintained by Dr Barnes and Dr. Tyler Smith, by the same mocess which arrests the flooding after normal detachment of the placenta from its normal sent at the fundus" naturaly, by ' rons ti action of the uterine tissue at the seat of semination " First, because I deny that the cervix contracts during the first stage of lubiour and secondly, because, if this theory were correct, the hemorrhage would have an opposite character, it would, like ordinary nterme hericarhage occur in the intervals of muscular relaxation, and cease with the return of every period of uterine contraction.

If the explanation I have now given be correct, we are rationally led to conclude that the more fully and freely the cervix expands during each contraction of the fundus and body and the shorter the period required to enable it to throw off the placents, the less will be the danger to life, for not only will the flooding cease more completely after each pain, but the sooner will the period arrive when it is permanently arrested. And as the conditions under which the cervix expands during the first stage of labour are, first, a soft, clastic, and fully developed condition of the cervix itself, and recondly, vigorous and frequent affering action, we ought to find the co-existence of these two conditions, in any given case, the most favourable to the preservation of line. This conclusion is fully verified by an appeal to the records of experience. If, for example, we refer to Table II. of the claimrate statistics of Dr. Trank, we shall find that in 29 cases of spontagoous expalsion of the placenta before the child (these being the whole number collected from all sources up to that period, in which the result to the mother is known), the attendant hemorrhage was not fatal in a single case. In these cases uterine action was vigorous, and from the result we may safely infer that the cervix was soft and elastic. On the other hand, experience verifies the suppositum, that the most dangerous cases of placenta prævia are those in which, when labour commences, the cervix is undeveloped or rigid, and uterine contraction feeled and inefficient. Whether these condithose exist singly or combined, the first stage of labour will progress tardily, and the hemorrhage will be apt to prove fatal; because each succeeding contraction of the uterine fundus and body will be just sufficient to loosen or dislodge a portion of the placenta, without preducing a sufficient amount of expansion in the cervix, at the seat of separation, to close mechanically the mouths of utero-placental vessels which have been opened on its inner surface. The hemorrhage will, therefore, be more continuous in the interval between pains; and, extending over a lengthened period, fatal syncope will be most likely to supervene, before the cervix can be sufficiently expanded to withdraw itself from the placents and to arrest the flowling.

In concluding these observations on the pathology of placental presentation, I will venture a few additional remarks as to their

bearing on the question of treatment.

Either pathologically or therapentically considered, almost all cases
of placenta pravia might with propriety be grouped into two distinct
classes, as follows:—

Class I. Clases in which, at the commencement of labour, the cervix is fully developed (i.e., has completed its first stage of expansion), soft, and clastic, and in which uterine action is present and efficient.

Class II. Cases in which, in the early stage of labour, the cervix is undeveloped, rigid, or unyielding, and in which uterine action is feeble and medicient.

In the first class of cases, either temporising measures to assist nature, or the operation of tarning, will be the necessary course of treatment. The modula operated of tarning in such cases has been philosophically described by Dr. Rigby. "When the os uteri," be observes, "as sufficiently dilated to admit the hand, there will not be much to fear of the patient loang much blood during the turning.

for during the first part of the operation, the hand and and and as a compress and plug; and afterwards, when the body of the clubb is advancing, this will act in a similar manner. There is little damper of the hemorrhage coming on after the child is delivered, for the contraction of that part of the uterus, to which the placenta has been attached, is much greater in these cases, then it is when the placenta is situated in the upper part of the uterus under ordinary creates stances." In short, the operation itself mechanically expands the elastic cervix, and compresses the marfaces of the utero placestal vessels as well as their mouths, while, by emptying the uterus, it permits post-partum contraction of the cervix to take the place of expansion.

The second class of cases are, on the other hand, exactly there in which the condition of the cervix is such as would, under ordering circumstances, render the performance of podolic remain exceedingly dangerous, and a violation of the important rule entirely procluding its employment as an obstetric operation, and in which extraordinary or special conditions render the operation still more hazardous. The fearfully fatal result of the operation in such cases, has been to clearly and convincingly demonstrated already, especially by Professor busy son and Dr. Barnes, to require further illustration or argument to prove its impropriety.

But in this class of cases the flooding is generally so professe, that some method of treatment is absolutely required to matigate or arrest it, to prevent the supervention of facal syncope. To meet the argency of these cases, forcible detachment of the placents by the finger, at we completely, as practised by Professor Simpson, or only from its attackment to the cerviar, as advocated by Dr. Barnes, is recommended for our adoption; the latter method being merely a modification of the

former.

From the propositions I have already advanced on the pathology of the subject, it will be observed that those cases in which the jubic centa is detached and the hemorrhage arrested by nature's aportaneous effort, the separation of the placenta and the urrest of the flucturary do not stand in the relation of cause and effect, but us the conor mitant result of cervical expansion; both progressing part passu. Notice then does not separate the placenta completely from the cervic, until the very period arrives when she has completed the mechanical clasure of the mouths of the utero-placental vessels, which have been opened in the process. The forcible detachment of the placenta by the finger, to any extent, is, therefore, incorrect in principle, inasmuch as it merely tears off the placenta, without making any prevision for arresting the hemorrhage, which flows from the vascular orifices opened on the cervix by the operation.

The practical objections to which artificial detachment of the placenta is liable, as proved by experience, are the following: First, the gross mortality in those cases in which it has been employed is

equivalent to 1 in 4 6 loths, while the gross mortality in cases of apontations expaision of the placenta is only 1 in 144 Secondly that although introduced into practice for the ostensible purpose of preventing the necessity of turning in a certain class of cases, we find that exactly one half of the cases treated by this method subsequently required the operation of turning in addition. Notwithstanding these objections, the fact must not be ignored, that in a considerable number of cases a cessation of the hemorrhage has followed this practice, - a result which appears in many instances to have saved the life of the mother. But as the operation is attended and immediately followed by a profuse flow of blood, this, by suddenly and powerfully depressing the heart's action, will permit the process of coagulation to take place in the bloeding months of the vessels. In this manner we may account for the subsequent arrest of the flooding; for we know that a sudden and copious gush of blood, by its salutary influence in producing early and temporary prostration or collapse, and thereby enabling coagula to form, is considerably less dangerous to life than a small and continuous stream of blood, which seldom acts on the circulation until it does so with a force which is at once irretrievably fatal, Thus, in 41 of the recorded cases, or about one half of the entire number treated by this method it is expressly stated that the detachment of the placenta was resorted to under the condition of extreme exhaustion. Now in these cases the already existing prostration of the circulation was unquestionably such as would enable coagulation to plug up the open mouths of the utero placental vessels, and thereby prevent further bleeding. In other cases, again, it would seem that the operation was performed at the period when nature would have detached the organ, so that in these cases the arrest of the flooding can be accounted for by the change which the cervix had already undergone.

So far, then, as our statistical knowledge will enable us to judge of the value of this methol of treating placenta prevue, it would appear not to have been attended with the success which was anticipated on its first introduction into practice, consequently, we are justified in attempting to devise some other means of airesting the flooding in the early stage of labour, in those cases whose characters rank them in the second class already defined. If we desire any method of treatment to be successful in these hazardous cases, we ought to endeavour to base it on a correct appreciation of the process which nature brings into operation to airest the hemorrhage. If, therefore, it is correct, as I have endeavoured to prove, that the process in question is expansion of the versus, we ought to assist her in effecting it, when her own powers are inadequate for the purpose.

It is from these considerations that, in the cases alluded to, in which concerning must always be done not only to check the floodner but to advance the labour, that I would venture to suggest week the account the cerear, by means of a sponge tent specially

constructed for the purpose as a method of treatment. From the operation of this procedure the following results may reasonably be

expected -

I It would gradually throw off the placents, and by patting the phrous structure of the cervix on the stretch, it would compress the utero-placental vessels In other words, it would, by its action on the cervix, detach the placents and arrest the hemorrhage pure praces.

2 It would act both as a plug and as a powerful compress applied

to the opened months of the utero-placental vessels,

3. It would excite uterine action

In order to produce these important effects, the spange text em ployed would require to be rounded at its upper extremity to prevent its introduction injuring the placenta, it would require to be of large size, and so constructed as to expand rapidly under the influence of

tend meetions.

To this method of treatment might be added the administration of ergot, or the application of galvanism, as recommended by by Mac kenzie of London, according to the peculiarities of each individual case. And although I have not as yet possessed an opportunity of testing its utility, I have ventured to suggest it as a legitemate conclusion based on the anatomical, physiological, and pathological reasoning which I have already adduced, leaving further details for a future opportunity, when it shall have been put to the test

We pay the greatest attention to the opinions of such men as Dr Simpson and Dr. Barnes, and this paper of Dr Doukin is an excellent one, but none of these opinions hitherto have induced us to alter our old practice which is exceedingly simple, easy, and efficacions. When we are called to a case of placental presentation with flooding, we simply plug the os uters and vagina completely, so that flooding cannot possibly occur, removing the plug occasionally to examine the state of things. As soon as the or is dilated, or dilatable, we turn the child and deliver. Little blood need be lost, and the operation is perfectly easy when done early. As soon as the child is turned hemorrhage ceases. Out of numerous cases we have very seldom met with any adverse event .- ED. RETROSPECT]-Edinburgh Medical Journal, April 1859, p. 883.

114-PLACENTA PRÆVIA-AIR-PESSARY USED TO PLUG AND DILATE THE OS UTERI

By J. JARDINE MURRAY, Esq , lately Resident-Surgeon in the Royal Infirmary, and formerly House-Surgeon in the Royal Materinty Hospital at Edinburgh.

The patient, aged 29, was in the seventh month of the eighth pregnancy, and for nine weeks had suffered from hemorrhage more or less severe Labour-pains had set in, accompanied by great loss of blood; and the vagina had been plugged by Mr. Pickard, of Brighton, the usual medical attendant, who requested the writer to see the case.]

When I first saw the patient on the evening of April 16, the skin was cold, the pulse weak and rapid, and the lips extremely blanched. Labour pains were recurring at regular intervals of ten or fifteen minutes, each pain accompanied by hemorrhage. On examination, the os uters was found to be little more than the size of a shilling, its margins thick and firm. The tip of the linger encountered the spongy placental substance overlying the patulous os. Sweeping the finger round the external surface of the placenta, I broke down its uterine adhesions within an inch and a-half of the margin of the os uteri: and, detecting the membranes towards the right side, I at the same time evacuated the liquor annii. During an hour there was very little bleeding; but at the expiration of this period, another gush of blood accompanied a pain. On examination, it was found that the on uteri was still insufficiently dilated to admit two fingers. Alarming syncope occurred; and though the patient was plied with diffusible stimplants, she did not rally for some minutes. It was evident that her only safety lay in speedy delivery. With the double object of controlling the hemorrhage and dilating the os uteri, I now introduced a flattened caoutchoug air-pessary between the wall of the uterus and the presenting surface of the placenta; and, retaining the pessary in its place by the tip of the finger, I cautiously inflated it by means of the attached syringe. A portion of the surface of the expanded pessary could be felt closely opposed to the margin of the os uteri, During thirty minutes no bleeding ensued. Then the pains became more powerful, and blood began to trickle over the thigh of the patient. who lay on her left side. More air was pumped into the pessary, and with its increased dilatation all hemorrhage ceased. From time to time we had demonstration of the value of the air-pessary as a plug; for whenever the trickling of blood recurred, it was effectually checked by further dilatation of the pessary by a few strokes of the syringe. About two hours after the first introduction of the pessary, the on nteri was ascertained to be nearly the size of the rim of a wineglass; and the air was permitted to escape from the now considerably inflated pessary, which then quickly collapsed, and was withdrawn. During a gush of hemorrhage which ensued, the hand was introduced, and the shoulder being found to present, the feet were seized, and the The placenta was immediately detached and fetus extracted. removed, and the uterus became firmly contracted.

From its unusually large size the placenta must have extended over the greater portion of the internal surface of the uterus. Over the edges of a portion of the uterine surface of the placenta there was a thin indurated crescents layer of decolorised coagulum, four inches in length. This exagainm had probably been formed after the first ensets of hemorrhage, once weeks previous to delivery. The lochia were somewhat more copious than usual, but the tariest

recovered without a bad symptom.

Henvirks.—From the exsanguine and occasionally pulsetess condition of our patient, this case was one of much anxiety. The midwife in attendance did not solicit medical assistance till the pations had already lost much blood, which may be partly explained by the fact that she had been delivered prematurely on three previous negations, That the hemorrhage did not cease after puneture of the mountaines may have been due to the transverse presentation of the fixture. It seems well established by the lamentable results of numerous cases on record that in placenta pravia forcible dilatation of the rigid on other by the hand is extremely dangerous,-probably from the risk of lacerating the dilated uterine vessels at the site of placental attachment. The gentle and uniformly applied expansive force which the air-pessary is fitted to exert differs widely from forcible dilutation to the introduction of the fingers or hand. But I should doubt the propriety of applying even the equable dilating free of the hir-property to a rigid, unyielding os uteri in a case of placenta pravia, in the case now under consideration the os uterl, though thick and him, had not the rigid unyielding character sometimes met with even after profuse loss of blood; and the application of the air-presency was no simple and effective that I venture to hope that in similar cases the employment may be followed by the most beneficial results. While the inflated caoutchoug bag acted primarably as a direct plug and dilator of the os uteri, and also as a powerful stimulus to reflex action. it may possibly have been of service in further separating the placenta from the uterine walis.

It is possible that the use of the vaginal plug might have been

equally effectual in saving our patient's life.

Now, in cases of uterine hemorrhage in which direct plugging and dilatation of the os uteri may be deemed improper, I believe the inflatable caoutchouc bag used as a vaginal plug will be found to possess advantages over the tampon of sponge, cotton, or tow; for,....

1. The material of the caoutehous bag does not absorb; and is therefore acts more immediately and more efficiently in arresting hemorrhage than such substances as sponge, linen, cotton, or tow.

2. When uninflated the bag is small in bulk, and its introduction is

therefore easy and painless.

3. When inflated to the requisite extent, it adapts itself to the sur-

face with which it is brought into contact,

4. Whenever it is desirable to ascertain the condition of the as uteri, the air may be permitted to escape from the inflated bag, which then quickly collapses, and is readily withdrawn without man to the patient.

The caoutchouc air-pessaries, which are made of various strongth, shape, and size, were invented by M. Gariel, who, however, advecaged their use only in the treatment of displacements of the uteras.

believe that to Dr Keiller, of Edinburgh, we are indebted for extending their application to the dilatation of the passages in primipara, and in the induction of premature labour.

The case which forms the subject of this paper appears to be the first in which the air-persary has been used in the double capacity of plug and dilator of the os uteri—Med. Times and Gozette, June 11, 1850, p. 596

115—ON SOME RECENT CASES ILLUSTRATING THE BHYSIOLOGY AND TREATMENT OF PLACENTA PRÆVIA.

By Dr. Robert Barnes.

In a paper read before the Obstetrical Society of London, the author submitted fourteen cases which had come under his own care since the publication of his work on the subject; and appended two series of propositions—the one physiological, the other therapeutical—which

appeared to be either proved or illustrated by those cases

Amongst the physiological propositions were the following That in many cases of placental presentation, there arrives a stage when That this physiological the hemorrhage is spontaneously arrested arrest is not owing to pressure upon the bared surface of the nterns by the bag of liquor amnu, or the child, nor to death of the child, nor to syncope, nor to total detachment of the placenta. That this physiological arrest of the hemorrhage is observed when that part of the placenta which had been implanted within the cervical or lower zone of the uterus has been all detached, contraction of the uterus attending. That, this stage reached, there is no physiological or pathological reason why further detachment of placenta seated within the middle and fundal roles should occur until after the expulsion of the child, when-and not till then-the remainder of the placenta is east off as in normal labour. That the position of the greater portion of the placents to the posterior wall of the uterus in these cases, where it forms by resting on the projecting promontory of the sacram. a solid inclined plane, directed forwards, is a frequent cause of the transverse presentations which are apt to complicate placenta praevia. That in the great majority of cases where an edge of the placenta comes down to the os internum uten the umbilical cord springs from this edge, and thus is ready to fall through into the vagina, should the os not be occluded by the child's head

Amongst the therapeutical propositions were the following. That owing to the high valuality and development of the lower segment of the uterus, resulting from this part being the seat of the placents, interine inflammation and purposal fever are exceedingly likely to ensure from the pressure and containon attending the passage of the child. That this danger is much increased by the fortible introduction of the hand for the purpose of turning and extracting the child.

before the os uters has expanded. That in some cases, where it is observed that the placenta has been separated spontageously from the lower segment of the uterns, the os being expanded to the size of a errorn piece and the hemorrham having cound, it is not necessary to interfere with a labour now become natural quosit placental attach That since the os internum uters must expand to the diameter of the child's head and since, during the dilatation that athering to the lower segment is hable to successive detachingsut, canner he morrhages, it is an indication to expedite this stays of the billions as much as possible. That in some cases the ordinary means of inducing contraction—such as rupturing the membranes, plugging the cervix, ergot or galvanism-will suffice to cause the rapid and sale expansion of the os. That the aillesion of placenta to the lower zone of the uterus impedes the regular progress of labour, and delays the equable expansion of the os uter. That in those critical where forced delivery or the artificial total detachment of the placenta are dangerous or impracticable operations, the introduction of the index finger through the os, and the separation of the part of the placenta adhering to the cervical zone, is a safe and feasible operation -Lancet, April 16, 1859, p. 392.

116—ON THE TREATMENT OF PHLEGMASIA 100 LENS By Dr J. V Simpson, Professor of Medicine and Midwifery in the University of Edinburgh

Before proceeding to the treatment, the author goes at some length into the pathology of the disease. His views may be stated to be as follows -That the disease cannot justly be considered as merely and simply the result of the obstruction of the principal vera of the affected limb, by the occurrence of acute inflammatory exudation on the free surface of the lining membrane of that vein If a portion of vein be isolated by ligatures, and the included portion emptical of blood, irritants entirely fail in causing inflammatory effusion from the serous membrane of the vessel. We have cases of thickmasia dolens without obstruction of the pelvic or crural veins, and we have the latter without the former The proximate cause of the suffering in cases of phlegmasia dolons seems to be the over distension of the coats of the smaller vessels by the contained consolidated The pathological origin of phlegmasia dolens is a vitinted or toxemic state of the blood, and is always preceded by morbid states, more or less vitiating and altering the constitution of the circulating In the lower animals a diseased state very exactly resembling phlegmasia dolens, may be induced by throwing a solution of The disease occasionally, though rarely, lactic acid into their blood occurs in the upper extremities, generally in the lower, owing to their circulation being more languid, the pelvic veins being much dilated

during pregnancy It generally occurs in the left leg, owing to its vein being longer and more or less pressed upon by the right common iliac artery. Dr Simpson then continues, that the indications for the treatment of philogmana dolens resolve themselves into the two categories of [

1st, General, and 2ndly, Local remedies, and in following out both classes of indications you will find that there are three principal rules to be attended to Among the

A GENERAL INDICATIONS,

1st. Deputation of the Blood holds the first tank. The importance of this indication must be at once admitted. if you have been convinced of the correctness of Di Mackenzie's observations and the trathfulness of his deductions. If there be abnormal and deleterious matters present in the blood, which have a peculiar action on the veins tending to the coagulation in them of the circulating fluid then it is clearly a matter of prime importance to get rid of these morbid substances at once, so as to prevent the occurrence of congulation altogether, or, at least, to arrest and check the process when once it is From this point of view this means of treatment must be regarded as being almost as much prophylactic as curative in its nature. Trye tells us, that he never lost a patient out of those whom he had seen with this disease, and this success he deemed to be due to the practice which he always adopted of administering an emetic as the first part of the treatment of every case. The shock produced by the emetic has a powerful effect in checking the progress of the malady, but probably the chief virtue of the remedy lies in its action as a most efficient depurant of the blood. At the outset I believe there is no better means of arresting the disease than by the administration of an efficient and gentle emetic of any kind provided the state of the patient does not forbid its administration, and especially in cases where exposure to cold has acted as the exciting cause. But if that fails, or is contraindicated by the debilitated condition of the patient, then we must try to purge and purify the blood by exciting the various organs of elimination to increased activity by means of their appropriate stimulants. Hence the value of the various diuretics, diaphoretics, and purgatives in the early stage of the disease. Many practitioners are in the habit of giving for the first day or two of the attack a mercunal purgative combined with ipecacuanha or antimony using in this vay both the intestinal and cutaneous surfaces as eliminatory excreting mans but these, or any analogous therapentu means, must not be pushed so far as to produce any very debilitating effects. Small and repeated doses of alkaline salts given in such quantities as to act upon the kninev and, if necessary, also on the skin and bowels are purhaps as the general inle, both more safe and more efficient as businemate, acetate, nitrate or tailingto of pulses continued wher required with wine of speciments a give many, it with some aperior times me. Here he there exists of sature, the such as the energity mest to have the effect of imposing proventing in acres to, any mesh of tends never in the site of proventing in a series to, any mesh of tends never in the site of a care to, any mesh of period to the site of the site of the site of period was need, and in addition timeture of the innuity of the in

elemant and as a tense

and The lar of A tiphlopistica and fiberous material and philogistic measures are by many practitudes shill to be reduced in the first stage of file massa det is with the juice of high and stoods and the general symptoms of five presauin it if which god mt ast they should I believe be tarely or nexes on it yest to more because degree. I' courtly thiermana deliens was regard does no situation which very seldem indem preved fatal, and the drive is apaphilia gotte themsures employed by the authors who have rejected it as as h were little or nothing more than local blisters at the gran or these merceded by moderate local feeding. Ferhaps when the Instance of phlegmasia dolens is fully written it will be found that the danger and mortality attendant upon the disease have by a received some venesation and other here is mutual that the means where resident to in its management under the sheathut it was purch as I radually an intense local inflammation of the bring membrane I't's large with of the affected limbs. In almost all cases of phlegmana d lens year will find the pulse much quicker, and more or less marked symptoms of fever present. But the best febrifuges which you can use are the depurants of which I have already spoken, and usually the time sconcomes when you must in preference have reconese to,

Brd The Administration of Tonics and Ministrates—As the disease frequently runs a tedious course, and is often asthenic in character from its first beginning the use of this class of remedies is indicated an most cases from an early period, and their use geografic requires to be assiduously persevered in. It takes a long time to undo the effects of the changes in the mitrition of the limb consequent on the suchs sion of so many of its blood vessels and while the process of also aption is going on and the tissues are gradually reconsing isotorid to their normal condition it is necessary to keep up the patient's drough by the judicious administration of tonics and stimulants in addition to proper food. It matters little in most cases, what social consider of this class you empley, but wine and the preparations of the most summe are the constitutional remedies which you will find to be most frequently had recourse to in the second stage of philymasia deless.

B THE LOCAL INDICATIONS

riay likewise be classified under three divisions, viz.

1st The I se of Lical Antiphlogistics - Means must be adopted

to subdue the inflammation which is set up in the veins, whether this arise primarily from injury or disease of their walls, or secondarily from changes resulting from the primary distension and subsequent softening process that occurs in the occluding thrombus usually complains of much pain and tenderness on pressure along the course of the filled and cord like mac and femoral vem, and under the idea that the disease was fundamentally and primarily inflammation of the femoral veins, most practitioners have been in the habit of ordering one or two dozen keehes along the inside of the affected thigh, and after the bleeding consequent on the application of the leeches but ceased the use of a series of blisters was strongly recommended by some of the older authors What formerly I have usually done was to apply beches at the outset, and afterwards to paint the tract of the femoral vessels all over with tincture of iodine Latterly, I have seen several cases where little or indeed no active local antiphlogistic measures of this kind were adopted, and I believe these cases have progressed as well, or indeed better, than where I followed the usual plan of local leeching and blistering Perhaps these antiphlogistic measures ought to be reserved for cases where secondary inflammation comes on in the walls of the veins, as a result of the distension and irritation of these walls by the contained and disintegrating plugs or columns of consolidated blood Then, to relieve the pain, you will require often in this disease to employ opiates internally and freely; and you must have recourse, further, to the use of One of the best and most soothing measures that you can adopt for this purpose is to wrap the limb in a wet towel or in a sheet of dry cotton wadding carefully and completely covered with oil cloth to prevent the escape of the insensible perspiration. heneve you will find an application of this kind to be the best of all poultices, an ordinary poultice-say, of bread and milkalthough at first several degrees warmer than the part to which it is applied, falls to the same temperature in a very short space of time, and then its continued sinthing effect seems to depend entirely on its power of keeping in the insensible perspiration. But such also, as I have said, is precisely the modus operands of the waddeng enveloped in oil-cloth, and this application has one alvantage over the position, that while the latter requires to be very frequently rem will, the former may be left unchanged for an rimst nahmited permi I am seeing just now, with Dr Moir, a buly suffering from a very snort attack of pidegmasia dolens, commg on after delivery, who has derived the greatest relief and comfort from the use of cotton wadding rolled all round the limb, and completely surrounded by a covering of oil skin cloth. In this case the walfur has been taken of every twenty four hours, and a fresh then applied. If the pain of the haib is very severe, apply so lative hinner nts and applications, with or with nit the fomentations, or in a permeable covering. As local solution liminents, you may use Gual parts of olive od and landament, or two parts of lose in and one of chloroform, or the common create Luminut of the that a copers. With all this too limb must be kent at perhot is it. The limb stant so userally very sunch paralyment and specified as a considerat missible, but the parent must be one and taken perverty more and to abstant, as much as provide from me vor any part of the body. There is another boat incomer of the bully of known it and one you must not overlank, v.z -peasition. Inc preser section be obvious of the lines, which bequestly upon great role ! to be pain, and always far mire at the passic touch the trimose of rem can in the tenth, constrain is one of the unit percental news, in the treatment of many shows a Attraction to the point is troubled of some index. tance, and all rely more nativelectory to delte, then the man of may hand or quantity of drugs. It is usually attempted to weare clevelous of the limb by placing it upon a pillow, but this organs is not always very natisfactory, as the limb readily rolls off weapers the tell comes by any chance to be imped or shaken. A letter was is to raise all the lower balf of the mattress, by placing something underneath, so as to make the limb he on a part of Tarlord plane, and in a position from which it cannot too readily be moved. Elevation of the limb in this manner not or is torde to afford the patient the most officinal relief from her suffering it is also of most essential importance in noting or to early not avon ther local indication for treatment, that viz., account to which we endeavour.

2nd To Promote Almerican -- After the subunivistary stary has fairly passed over, it behaves us to try to bring about a reduction in the size of the limb by stimulating and promoting the process of resorption, so as to bring back the limb to its normal state ful and constant elevation of the limb as we have just seen, wish may be done to favour the absorption of the effused matters; but its effect may be greatly aided and increased by the firm appropriationed by a flamuel handage applied pretty tightly from the local newards. Frequent frictions the new of strandaring l'amients, and the orrasional application of a small the blister to the green, are also important adjuvants in the fulfilment of this indication. In thewese, he, Merge, and ther American practitioners attemply recovered indeed, the free and repeated use of friction of the finds with a datice bear menta even in the earlier and most acutu stage of the malad, and totally envelope the extremety, in the intervals between the frictions, in flannels wrung out of a hot mixture of equal parts of vanegar and water. When the awellen, husbern reduced you require

Ard. To Litherman is Hesture the Property of the Line - The humber may remain weak and almost powerless for some months, or even for a year or two or for life. To restore it to its proper power, you will be oblived to have recourse to such local touces of I may so call them, as frictions, bandages, and the use of warm douchus, which must all be

persevered with for a lengthened period. Sea bathing, and all means calculated to restore and invigorate the general health, will also have a beneficial action on the weak extremity. Local stimulants, such as galvanism, may be applied to the limb itself, but its power will never be completely restored until the patient has begun to use it, and accasion it to frequent exercise.—Med. Times and (racete, June 18, 1859, p. 62).

117-ON THE PATHOLOGICAL ANATOMY OF PELVIC CELLULITIS.

Iv Dr J Y Simison, Professor of Medicine and Midwifery in the University of Edinburgh.

The disease consists essentially and primarily of inflammation of the cellular tissue of the pelvis, and to understand aright its nature and its course, and to be able to construct a proper plan of diagnosis

and treatment, we must study

It was not the Information—The pelvis, as you know, is hard and closed in inferiorly by means of a fascia, which gives off sheaths to the different pelvic muscles, and furnishes processes for the protection, support, and separation of the various pelvic organs. Wherever two layers of this fascia approach each other after covering the opposite surfaces of any organ or inuscle, and wherever two layers covering contiguous organs come to be in opposition, you will find that there is always a greater or less quantity of loose cellular tissue interposed between them. Thus between the layers of the broad ligaments, between the vagina and the rectum, between the ilian muscle and the bone and in short in almost every part of the pelvis, there is an abundance—a great abundance—of cellular tissue, and, I repeat, the disease of which I have now to speak consists of inflammation, acute or subscrite, of this abounding cellular tissue

2 The Products and Terminations of this Inflammation vary according to the stage of the disease, and may be considered under the

four following divisions -

lst Scrum,

2nd Pus, 3rd, Ceagulable Lymph,

4th Sloughing of the Cellular Tissue

1st Efficient of Strum is the first phenomenon that occurs when inflammation has become established in the cellular tissue of the pelvis. The necessary result of the effusion of this fluid is a swelling in the part, which may be felt on examination through the vagina or return, or even through the abdominal parietes, according to its special scat. This swelling is of greater or less extent according to the intensity of the inflammation, and according to the freedom with which the fluid is allowed to escape along the cellular tissue, and to pass

tropp one Localateria or deer, on it evisit has been to be that The swelling or tunious produced by the efficient serious is from the tiest tiese dense and constant to the feet, and constance becomes very hard, particularly when the office is taken place between two layers of the fancia which are not bose and an tole and yelding, but are bound at their transites to some occurs r dye or sir my transentory band, as when it wants for equinities, in this wall of the raises, extermille to the marking of the fired for mineral of the street. In such a situation the amost national, a material to be the final part was excellent with the films. board," as Dr. Donesty has expressed it and bas been, and night easily for a tir or air is hardness is one erned mechanically an encou took of the main and when m the not of the vacous it mentiones feels as then to the tench man senations at with time other common and very charmeteristic feature of the tumous in this of feels as if it water come of the resid with we have he hearth from the align align of their hearth of hearth. whenever the efficient has extended to a outle out extent intently as as to reach the malls of the pelvis - k dro it tunours of the attres ovarian t mounts, and others with which the 'millionniatory tenongr, of privic ceilulitis are sometimes confounded, do not present this aymir-After the effector has usualed loculament after beginnent of the pelvie fascia it soon loses its primary sound or oblong form examining the swelling day after day you can sometimes find it darly altering its figure, and occasionally you can thus trace it a gradual usocess, an it creeps from one sole of the palvis to the other, and passes before or behind the neck of the aterns, and at last myolves and fire the uterus in its mass. The indominatory effusion is by no means always limited to the cellular times of the lower or true pelves, often from the first a large swelling or effusion can be felt in one or other iliac region, and I have seen one or two cases where the tumour was in a great degree central and as large as the nterus at the fearth Occasionally the disease invades the cellular tissue of the upper or large pulves, and especially the cellular tessue in the right iliae fessa, and around the head of the execum, without even stretching downwards into the true pelvis. Again we see occasionally in practice smaller inflammatory swellings and effusions limited to single localaments of the pelvic collular tissue situated in the anterior or on the pasterior walls of the vagina, and not even passing upwards to the collular tesne contained between the broad ligaments and lying around the neck of the uteras

I should wish particularly to have it increased upon your minds in regard to this disease, that there is no pus in the efficient or tumour at first, and that it does not begin in any case by being an abscess, but that first of all an efficient of serum takes place into the inflamed cellular tissue, and no formation of pus senerally occurs till about ten cellular tissue, and no formation of pus senerally occurs till about ten referring days afterwards. In one of the first cases of the disease I ever saw and when I was only beginning to learn something of its nature and course. I got a lesson in regard to this matter which is

very strongly impressed upon my mind Dr Andrews, who was then * a lecturer on Mulwifery in London, was on a visit to Edinburgh at the time, and I offered to show him a case of pelvic cellulities as an object of interest; for the subject was then new, and not many cases of the disease had been observed. The patient was a young girl, of twelve or thirteen years of age, in whom I had made sure that infla uniation had been set up in the broad heament of the uterns, and caused great swelling and induration of it. This I supposed to be due to an effuson of mis, for we then spoke of and thought of the disease as always "pelvic abscess"-and about the touth day from the commencement of the disease, I introduced in presence of Dr Andrews an exploring needle with the view of bringing away the pas and reducing the swellmag that to our automoshment there flowed into the dish held to receive it, not yellow pus, but a transparent fluid so clear and impud that Dr Andrews at once whispered to me, "Have you not punctured the blad let " I knew from the direction of the needle backwards that it was not near the bladder, and after a considerable quantity of this clear if not had escaped, we soon had evidence that it was not urine, by its rapid congulation in the cup which contained it. It was serum, such as you see in the stages of many inflammations, and such as you may obtain from the skin after the application of a vesicant. and in the earlier stages of pelvic cellulities it is this inflammatory serum whose effusion gives rise to the swelling and hardness, and which is the only find you will then procure on using an exploring needle. If the inflammation be not now subdued, and the effused serum be not absorbed, it will betimes lead to.

2nd. The For nation of Pas - You may meet with a case of polyic cellulates where there is an effusion of serum attended with much pain and distre s, wit if the disease proceed no further and resolution of the process be effected, the discase might run its course, and its real nature might be alt gether unsuspected, unless you had previously been made aware of the probability of its occurrence. But if the inthanagatory process remains unchecked, and goes on to its higher stage of supportation, the disease is not so likely to be overlooked: and hence most of the descriptions that we have of the disease refer to it only in this in we alvanced stage. The bus may become developed in any part of the privil where inflammation has been set up, and in some cases it is a artifed to one fascial localament, while in others it evenue in two or more of unitarie usis. It does not always remain in the trust where first it a franch last tirees its way from one localament t souther, notal it is when a entangous or mesons surface through we de it may be evaluated. Its procress often very deficult to trace. and to understand it accept it mires an inturate knowledge of the carrie out conferiou of the frecal sheaths of the pelvic organs. Perhaps the most common sent for the development of an abscess is in the cellular trans of one or other of the broad ligaments of the uterns, and when matter has been formed there, it may make

its way towards the roof of the various enther by carries in few restile neck of the uterm between it and the bimbles, or, as is far more frequently the case by sinking backwards between the correct energ and the rectum. In such a case the absorps may upon either into the restances into the values, where one the two most common escala for the evaluation of policy absorbed, and fortunately also the two most favourable. But there are two exher cavitor two which the matter cometimes but been for mently, fle to the way and as they are not by any means on necessitive, the treatment of the case becomes more complicated and difficult. There are the earther of the bladder. and of the body or cervin of the atemia and when one and the ratio above the course crate beth of the me to him an accusation harmen, a firm of vesico utermo fictula results which is not always very amenable to treatment the the other hand you will some times find the matter burrowing onwards, and finally making an opening for short in which part of the cutaneous surface of the hody The ims may raw, for example undermath the privile fascia, and escaping from the privile along with the femoral vessels, it may come to point . . . where us the groin, or it may peas backwards through the great sacro-seration notch along with the sciatic nerve, and lead to the formation of an also oss in the hip, as I lately saw in a case which I visited along with Dr. Moir. Again, the matter in some cases sinks downwards, and oscapes at some point in the pelvic outlet

One interesting point which it is of importance to observe and to remember in connexion with the evacuation of polvic absences is the extreme rarity with which they become chicharged into the cavity of the peritoneum. When we know that inflammation has been going on around some of the pelvic organs, and has led to the formation of pus beneath the peritoneum, we might be and to force a very unfavourable prognosis, and to look upon a fatal pentenniss as almost But experience of such cases accuredly does certain to ensue. not warrant us in entertaining such a gloomy view for this reases. that abscesses forming under the paritonious very rarrly perferate it, and of en into its carrie. Why this is so is not roof user of explanation. Conveiling avers that it is because the paraticle are called, and protected by a layer of form, the existence of which is depend by others. In cause cusps adherer pertinates in not up and the absence is prevented from highing into the perstaneal cavity to the constance offered test by the two alberent layers of the membrane. But whatever be the explanation of it the fact is not the less true and it is always a hopeful one to be herne in mind-that the peritoneum has a very remarkable power of recotance to the passage of matter, and that, in consequence, relate above sery rarely terminate by eventure tion this its cavity. I shall have to revert a and to this twist when I come to speak of the artificial evacuation of the jois and I pass on now to notice another product of roll commands in the cellular tissue

of the beiver, viz

3rd. Congaleble Lymph - When an effusion of firm, solid, coagulable lymph, or til-rine, takes place into one or more of the fascial loculaments in the course of the disease, the swelling which results is extremely dense-really as hard as the "deal board" of Dr. Doherty-and many long months usually clarse before it softens, breaks down, and is discharged. I have a patient under my care just now in whom supportation has set in after an attack of pelvic cellulitis, which came on when she was in the country, so that there is now formed an absocs in the right that fossa. But fourteen years ago she had an attack of the descare, which came on after a confinement, and took on the form I now refer to. On that occasion there was an effusion of congulable lymph into the collular tissue around the cervix uteri, forming an extremely dense solid tumour, like a hard cancerous growth, or deposit in the roof of the vagina. Nearly two years classed before this effusion was fully absorbed. When pelvic celliatts terminates in effusion of coagulable lymph, the swelling is always very long in disappearing

Ath Morating of the Cillular Tissue of the pelvis sometimes occurs as a result of inflammation in it. It is produced by the compression of the vessels caused by the effusion of lymph or serum into the surrounding tissue. The parts, deprived of their usual supply of matritive matter, die, and being separated by a suppurative process from the surrounding textures, they come to be in the midst of a fetal abscess, and a cure in such a case cannot be accomplished till a free opening is made, and these necrosed masses are evacuated, along with the pins in which they are imbedded. I have seen cases where very large shoughs thus escaped, or were removed rather by the finger passed through the artificial opening. These cases are always most severe and exhausting in their character, and usually long also in their duration—Med Times and Gracite, July 9, 1859, p. 26.

118—ON THE INTRODUCTION OF AN EXPLORING NEEDLE IN 111L DIAGNOSIS OF PELVIC ABSCESSES.

By Dr. J Y Simpsov Professor of Medicine and Midwifery in the University of Edinburgh.

It is necessary first to state that the spot at which the feeling of fluctuation is generally for the first time perceived, in cases of pelvic abscess is in the roof of the vagina, immediately behind the cervix uteri, or to one sale as if where the broad lightent would open below if its layers were separated by accumulated fluid.]

The exploring needle, which is of invaluable service in the examination of diseases is never used to more advantage than when employed for the exploration of pelvic absences, when they happen to be unusually disheaft or doubtful in their diagnosis. For in the common run of case, you will usually be perfectly able to make out the diagnosis with-

out this monstance. In any case, is snever, of potent establishes where The arm in clothe mater the furnishment of and and have to ment at a large contains of its resection, some was maken some of it at one by making of an exploring needle into the cepter of the tunions. The restor out has perhaps, from in located too mouth he a means of single sent a burgery, when we countly onto what five long from theory is employ ment is attended, and how frequently absence, are around and other tumours have been conformed together, when hy styles out have taken would easily have been avoided. I have of a coop where a statragnoled surgeon introduced an exploring profile into a table on the the grom, under the total that it was a bain, and to prove to others process that it was see, but to his actory diment, for his compand, and historia a committee of any. It was a critical horizon, the saw of which is had become inflamed, and into it he thrule towers, "the besile, and time saved here wil from committing the later maters of laying save a hermal turnour with a lautiony, when he actionly to then so inflamed and suppurating gland. The use of the carboning needles saves I know, from many matthes in obstetne surgery, and some the safety with which it may be introduced into the most large thank organs and the most mainmant timounts has been abstricted decomstrated. I think its emilyment might be advantagearnly extranent The best exploring modile is a long sander, thread last trace, with a wire stilet passing through it. Of course these will be to evening of rose through it, when it has been throat into a solid timeser or into an unhammatory swelling before pure has been fully turned, and even when pas is there, it is muchly only a drop or two that escapes through the narrow tube. You will not find the tue in seem cases traverse the trear, particularly it the pres is thick, last on withdrawing the trocar and blowing through it, a drop or two will escape from the end of the trocar. But when none flows out, the negative men is itself of importance. While, on the centrary, if a drop escapes it may be a sufficent warrant for you to proceed to the more free examintion of the purulent collection. A medical processment, of great ingenuity, who had been many years in India, when his health began to fail him, came home several years ago, and while spending a shirt time in Edudurgh, I had an opportunity of alarming him some more of pelvic cellulitis, where I succeeded in demonstrating the presence of pas by the use of the exploring needle. Hoon after gritte to London he met some medical men there in covenitation upon an old Indian patient of his. The case, as he afterwards told now, accomed to him to present the chief characteristics of the examples of pelesc abscess which he had seen here. He expressed to the medical attendants of the lady his opinion of the case, and proposed as a means of setting the difficulty to introduce an explaining mostle rate the seat of the disease. The other dictors rather scotled at the side. but, as they were altogether at sea as to the nature of the disease. they agreed to allow him to introduce the cape and acode, which he

accordingly did. To his great surprise and vexation, however, no escape of our followed the withdrawal of the stilet, but, being still unconvinced that his opinion was erroneous as a last resource he applied his mouth to the end of the tube, and sucreeded, by sucking it, in extracting a few drops of pus sufficient to convince his scentical brethren of the true nature of the case, and of the value of the exploring-needle as a means of diagnosis. He was then allowed to open the abace and the patient got speedily well. In consequence of his treatment of this case, my friend got rapidly into a large practice in Landon, at after a few years his disease unfortunately returned.

and death struck him down.

When then, you have a patient attacked with rigors, followed by a high degree of fever, and attended with pain in the interior of the pelvis, and when after a time, the fever changes in character, and instead of heing inflaminatory presents more of a hectic type, you may be pretty certain that she has been suffering from an attack of pelvic cellulitis which has passed on to suppuration. And in every case it will be possible for you to correct or confirm your diagnosis by means of a careful local examination. One or two marked symptoms may enable you sometimes to make a good guess as to the existence of the Several years ago, I was attending with my friend Dr. Wood. an anxious case of labour, where the lady had manifested symptoms of insanity in the last periods of pregnancy. While thus engaged, a gentleman came, bearing with him a note to me from the North of England The note was written by the medical attendant upon the gentleman's wife, and anxiously desired me to visit the lady as soon as possible. In relation to her disease it stated only two bare facts, viz that the lady who had been confined six weeks before, was heetic. and was suffering from great pain in the pelvis and down one of the limbs. I read the note to Dr. Wood, saying it was, I believed, a case of pelvic abscess, against the accuracy of which diagnosis he was inclined to wager. On visiting the patient in England next day I found a large pelvic abscess which I freely opened, and the patient made an excellent recovery.

Formerly, the changes produced by the disease caused it frequently to be confounded with cancerous, fibroid, or cystic tumours of the uterus and ovaries, or other organs of the pelvis, but now we may be almost always sure of the true nature of the case when we find the tumour associated with constitutional phenomena, running a regular and rapid course, and adhering to the bone or periosteum in the remarkable manner to which I have referred. For, let me repeat, inflammatory tumous feel fixed and immovable to a degree seen in the case of no other morbil growth and more particularly when occurring in the broad ligament, their most common seat—and lying close to the dram, they feel so hard and adherent that they might almost be motiven for an osseous tumour. The old stories of large ovarian and uterine tamours of a supposed nature yielding under mercury, die, were in all trobability morely timous tironal by inflammatory effusions of the kint I have been quaking if -Most Times and Gautte, July 16, 1871, p. 52

HE-IN VESICO VARINAL PETELA.

By Dr George Bernaman, A.M., Glangon

[Dr. Bucharan gives the east chiefly to show the operation as it was performed by Dr. Bozonan who was then in thanges. The naticet, after a severe labour in which instruments were used, had a fatalla between the bladder and vagina, causing the name to stridle away constantly.]

On admission to the Infirmary, examination of the parts disclosed a fixtula the size of a sixpensu, communication to take well the bladder and vagina, the situation of which was about as min internal to the orifice of the niethra, and in the regast line. The periodic was found to be ruptured, and the fissure between the research and vagina to extend for about three niches, laying these two carals into one for that extent

Dr. Bozeman, of America, being in Glasgow on a short visit at this time, he was requested to examine the patient, and he promissioned it a case in which he could nearly insure success by his new plan of operation.

A consultation of the physicians and surgeons of the Infirmary was called, and they unanimously agreed to request In Fluctuan to perform the operation. Accordingly that gentlemen, having shown and explained the exceedingly perfect and ingenious inaturants which he had brought along with him, proceeded to exceed in the following manner, in presence of the hospital staff, and several medical gentlemen who had heard of the case and were interested in the result.

The patient was placed on a table on her knees, leaning terward on her elbows, and the parts were brought clearly into view with the aid of a single-bladed silver speculum, in shape somewhat like a slowborn, bent at a right angle about three luctus from its broad extremity. This bent part was easily introduced, and being pulled up against the rectum, disclosed the cavity of the vagina turning until a whole extent, the fistula in view now on its inferior wall The operator carefully made raw the edges of the opening by seizing hist the anterior lip with a small hook, and cutting off a sile about an nighth of an inch in breadth, the city being bereited at the expense of the vaginal mucous membrane, so that the raw states was nearly a quarter of an inch broad. The same hand of rigo was formed on the posterior lip of the fixtula, but this was accomplicated with massers ingenucially contrived to be used with the right hand, and to cat either from right to left, or the reverse, as mught be deared. During this

proceeding a good deal of coring of blood took place, which somewhat retarded the operator, but by careful sponging, the parts were kept free sufficiently to all wall the steps of the operation to be clearly When the fistula was converted into an oval opening with perfactly smooth edges, the patient was allowed to rest a little till the bleeding should crase The edges were then brought together with four solver wire satures. The needles were introduced at the distance of about three stateauths of an mach from the cut edge, not pushed through into the bladder, but turned across the wound, beneath its mucous membrane, and so brought out at a corresponding point on the opposite side. In this way four silk threads were passed, and to their extremities the silver wires were attached and drawn through When the opposite wires were pressed together, it was found that the edges of the opening fitted perfectly to each other. The wires were then fixed in satus by the button shield, which is the peculiarity of Dr Bozeman's plan of procedure An oval disk of thin lead rather larger than the opening, bent into a convexo concave shape, was pressed against the wound, and found to fit the contour of the vagnal In this were four small heles, at equal distances along its long diameter through which the four pairs of wire were passed, and the shield was then slid down, its concave surface being pressed against The wires were then pulled tight, and fixed by leaden ballets. A catheter with a double curve was placed in the bladder, to be retained till the cure was effected. The patient was then removed to bed, and had immediately a grain of solid onium, which was ordered to be repeated every sixth hour A nourishing diet was prescribed, with as little fluid as possible, and a pint of London porter Previous to the operation the bowels had been cleared out by a large injection

August 19 Patient has felt comfortable since the operation Usine comes freely by catheter, and is collected in a small bed-pan. None dribbles away by the vamua. The bed is kept quite dry.

21 Still going on well. No uneasiness in the wound, and no appearance of ulceration going on. No motion of bowels, or tendency to it, since operation. The opium was diminished to a grain, morning and evening

26 The catheter has daily been removed, cleansed, and replaced. It remains an satu without apparatus, and the patient has remained steadily in one position. The bowels have not been moved, and there is apparently no alcoration around the shield. This being the ninth day from the operation and the period which Dr. Bozeman recommends I proceeded to remove the apparatus. The patient was placed on her knews, as at the operation, and the vagina being exposed with the and of a best speculum. I removed the bullets by twisting them a little to one and with a long faceps, and supposing across the wires between them and the leads nained. When the bullets were cut off, the shield lied of and the wount was seen perfectly encarrized through

out its whole extent. Three of the wirse I santh got built of with a pair of forcess and pulled out, the fourth had got embedded in the soft tiesne, and I could not find it. However knowing tree a costal he wire would produce no irritation. I left it in cather their distant the parts by a produced as accept. The patient was again removed to held the catheter retained as before and the man requested to ever another as little as provide for a day or two. The equius was discontinuous.

27 Urine preses entirely by the authors - thropinus of beadantee and incamena in bowels. To have two deachess of outprut and brase

trate of potash

Supt. I howels moved freely yestertay by a large done of black draught, after which the use of the catheter was discontinued. Since can now retain the urms for some hours, and pass it voluntarily. Dismissed toolsy

On the 7th Suptember I visited the patient at ber own house, and found that the centrix had become quite firm. She can return house for two or three house in the recumbent position, but not up long an the erect. Still complains of bendache and indigestion, with reregularity of the bowels. I ordered some Gregory's substace and a small

dose of quinine, twice daily

On lith September the patient was stronger but still had some uneasiness in stomach and bowels. She was ordered to take a little exercise in the open air, baving coolined herselt to the house since she returned home. In examining the creating which I found perfectly strong, I left the sharp point of the wire which was left in the tissues when the shield was removed. It had produced no inflamination or infection, and I casely solved it with the foreign and withdraw it. The bladder has not you entirely regained its retaining power when the patient stands or wakes, but she has perfect control ever the urine for averal hours when in bed. The hod is never wes, as it used constantly to be, and both the patient and her husband express themselves as exceedingly happy at the result, and thankful for the saccess of the operation.

I have published this case at Ir Bozevan's request, and because the merits of this operation are still denoted in some quarters. True, it has not succeeded in every case, and in some instances death has been the issue; but the same can be said of every operation in succeed, however simple. There can be no destit, however, that a measure of success has followed this proceeding which cannot be affirmed of any other mode of treatment. I do not intend to add any statistical or critical account of its success, but it may be proper to allusions the plan of Ir Sins of New York, who clause a large amount of sactors for his operation. To him belongs the credit of having intended all the reclammary steps of the operation is performed by fir Bozeman. The use of the single broad bladed specialism, and the position of the patient on her knows, there away with a great part of

the difficulty of operating on a part so concealed and maccessible as the wall of the vagina. The formation of a broad, bevelled raw edge round the fistula affords an extensive surface for union. The introduction of the sutures at a distance from the edge of the wound allows an amount of traction and support which cannot be attained by stitches placed close to the moision. Above all, the employment of thin silver wire as a substitute for silk thread prevents the ulceration or cutting out, which is inevitably caused by organic substances into the living tissnes. It has recently been found by various experimenters that it is of little consequence what metal is used, and iron, copper, and platinum wires have been found to act as well as silver; and the material which may ultimately be chosen as the best subner will depend on the flexibility of the metal.

Dr Hozeman, in the accounts which he has published of his oneration, freely acknowledges that, in the proceedings above mentioned, he has closely followed the directions of Dr Sims, and only claims for his method of fixing the wires by a metallic shield, an amount of succass which has not followed that of Dr. Sims, who employs two bars of lead, after the manner of the quill suture This method of drawing the edges of the wound together, called by Dr Sims the "clamp suture," is a decided improvement on the common interrupted suture, but the use of a metallic shield, as recommended by Dr. Hozeman, seems to make the operation perfect. By its use the wires can be pulled perfectly tight and the vaginal aspect of the incision is drawn up into the concavity of the shield; so that towards the interior of the bladder is presented, not the line of the wound, but smooth lips of nucous membrane The shield also prevents the vaginal and uterine secretions from coming in contact with the wound, which is thus protected, both externally and internally, from the presence of protating fluids. In the case detailed, the menses flowed during the progress of the cure; and had it not been for the shield, there is little doubt that a considerable irritation would have been set up.

It is much to the credit of American surgery that this distressing affection can now be treated, with a probability of success even greater than many other surgical diseases; and the surgeons of this country cannot fail to recognize the claims both of Dr. Sims and his follower, Dr. Bozeman. Dr Sims has done much by perfecting the operative part of the proceedings, but we cannot deny to Dr Bozeman the merit of adding the last, a very essential part, of the treatment. It only remains to add, that the whole of the hospital staff as well as the other medical men who were present at the operation here detailed, besides being satisfied with the perfect adaptation of the operation to effect the end proposed, were unanimous in according to the addit of the operator a large share of its successful result. There was but one opinion, that while he was entitled to share in the credit of devising the means his mode of employing them exhibited the masterhand of an account lished surgeon—Glasgon Med Journal, Oct 1858,

120 -- ON THE THEATMENT OF CRETHRAL CARDNOLESS
By Dr J Y Sour-ov Prof sear of Medicine and Midwiger in the
Concraty of Edinburgh

The incurrence of flore that caratries at the critics of the preting of a diffequent unit of a removal, they are not cleasely very table to be reproduced. Provided there growthe do not taken promot cause vectome, it is better to leave them above. For if a source of mines muce, surgical interfronces generally between a ressary. In some cases their removal cares the case perconently but as many, as above stated, the relief is only temperater. This operation, however, margin as it may appear, in not always so case at the second as the descriptions of it found in books mounts lead for to appears §

You will read, that if you apply a ligature to the polypoid forms of urethral carancle, cut off the seasie ones, and apply in some ones alum, nitrate of silver, or more natingant or causto to the parts, per will be able in most cases to core your patient. But those who appeal thus cannot have had many patients for a tengthened period under their observation; otherwise they would have found the discase recurring far more frequently after such operations than their published accounts indicate. For after simple removal with a lighture or missions, they almost invariably grow means, and there is one fastier paint about their pathology to which I have forgotten to refer, but which renders it a matter of the greatest difficulty to effect a perfect and permanent cure by removal of the irretural carincles.

There is often in such cases not merely a prominent red carencle, or a number of them, lying at the orifice of the weethra; but there are in addition to these, a number of small very red species wattered all about the mucons membrane, around the unflee, and upon the neighbouring mucous surfaces, which red apacks and inteless are not very striking in appearance and may very easily be everlooked, but which are found to be as exquisitely tender as the untiltal carniscles themselves when touched with the point of a probe. These insignificant looking flat red spots are all so many seats and centres of the painful sensation, and if in removing the larger bulies was leave them unbeeded, you will never succeed in curing your patient or in affording her permanent relief. From the study of the bunisherical anatomy of the organs of generation in the two sexes, physiologists have come to recognize in the female organs, parts or members corresponding to each of the different constituents of the generative organs of the male with only one very marked exceptum. Thus we know that the large and well-developed aterns of the female is only the representative or analogue of the smail ponch or amus recriacis in front of the crists galls of the male methra into which the cominal ducts them selves-the analogues of the Fallogian tubes-enter. Fo that when in paying a being a into the nisle libbler your instrument because accepted at this point as is very frequently the case, you have in

reality got entangled in the male os uteri. But there is one member of the generative apparatus of the male for which anatomists have not yet been able to determine the existence of a certain analogue in a female. I mean the prostate gland All anatomy, both human and comparative, leads us, however, to suppose that the female urethra corresponds to that portion of the male which lies in or behind the prestate at the neck of the bladder, and that the prostate cland belongs rather to the unnary than to the generative In this case analogue in the female of the prostate in the male should be sought for in connexion with the urethra or urinary canal, and not in connexion with the uterns, as has most commonly been attempted to be done. Now it may be that in the numerous giancular structures which are scattered about so profusely in the neighbourhood of the orifice of the urethra in the female, we have the representatives of the mass of acmi which combine to form the conglomerate prostatic gland of the male, and, if so, it would be a currous subject to determine how far the disease which we are now considering depends men an enlargement and change in these small scattered follows, and how far it bears a resemblance to some of the diseases occurring in the prostate. But whatever may be said as to the pathological anatomy of the disease, one thing is certain in regard to it, and that is, that, as a very general rule, no hope of a permanent cure can be entertained except by the radical removal of all the small red spots, as well as of the more prominent and projecting tumours. Inferent authors have recommended different

METHODS TO BE FOLLOWED FOR THE REMOVAL OF URETHRAL

1 Application of a Liquinize—As in the case of so many other morbid growths, and encouraged, more especially, by the success which attends the use of the ligature in the removal of internal hemorrhoids, some have a reposed to get rid of these urethral caruncles by tying a ligature tightly round their base, and so strangulating and causing them to slough off. But here it could only be applicable to those cases where the growth was stalked or polypoid; and even then it would be a much more tedious and painful process to the a thread round the neck of the tumour and leave it there to die and separate, than to have recourse at once to the simpler

Economicath a hade or Scissors—If the ligature may seem to possess some advantage theoretically over cutting instruments in such cases, —massing has there can be no fear in using the former, of the hemorrhage waich you might suppose likely to attend the latter, when applied to such vascalar growths,—yet in practice you will find that, while the ligature is in most cases very difficult, or indeed impossible of application, the exists of or the discased structures is not attended with any formulable degree of hemorrhage. In over saw a case where it was not very easily controlled. You may use either a knife or a

their of mountain for the base early. In the property between his are follows. with theat live employees much as brook up arrait within the con a pres but Britished theory Privil 1876 a treatheter. In negation of page money by anyone, it is a Provided his except while course the coursets are consisted at the provider between the mornishease on which they are ented as well as appropriate if your Provided think them he will be built built the part about while if one in I have always to your three was of account executation in the may taken agrees 医双环状腺素素 鐵龍 江湖。 "我是说,"我是说,谁不知道是我的我们要 电线影响着 一事 化硫 经 知识 可注意 化环 克格 化二乙烷 加克氏征 limited, the particular new recently from fines being but contains more King them moved with sit process that knows by a bout the process of the contract of the contract of the contract of are almost century to return them with her french bear him ciara auto a trationi, with a eminful tuilibuse at the moiter of the interioral which I removed about with a section of mount or area mountaine and this has but the read effect of releasing the or the elevation from the heal care and certains which have been discressing her greatly four that you will find as a general sufer that the representations of the carmicle and of all its mainful symptoms will take plans under you make use of some powerful means for destroying the markable tendesiry of the part; and I believe that the most broaded and the most effectual means that you can in such a case erest or is the

3. Application of the Artist fundery - There wind received decrees different kinds, for the cure of this intra table discount. But selected have I to not represent ancers from the employment of nor of those I had a pationit under the care accord scars as a with a conversion. growth at the orthogof the are thra, which I had frequently attorages & to burn done, with different kinds of canalies, but it was rivass soons duced; and when excision was lad records to the result was no better. I was beginning to doorage of ever being while to offer a cure, when st the angeostion of my friend theferor fletzing of blockholm who saw the case with me. I destroyed it with the actual cautary; and over since the intient has remained perfectly well. Miller that time I have assed it fremmeritly, and, in many cases, with the banchest togeth. The I might confound to you, that then means too, like the name meaning failed to effect a perputation tears. In wider to a fit the actual cay tery to destroy a carmody or carmodise of the ameter it the control to within an iron of preview and and chare administery breatest, or f. Year may apply the requisite degree of heat through the galanti writer wire. The latter method is appreally noted when the carrie les extend in the preture ligher that the critics of house or in the entradoes and apply the wire before bearing it up by the transmission of the guivanic current. Analy immediately afterwards . H water and clothe anaked in it, and enhancement's treat the the rate rated surface after the abusets accuration, with very treasured any distance of black wash, sinc betten or other surgical applicals no. Too mostion therefore, in which we at present stand with created to the treatment of times prethral currented as much, that their excurses with the kidle of

sensors, and their removal by means of causties, are to be looked upon and employed as measures for affording usually a temporary ceher only; while their destruction by means of the red-hot iron or the galvano-caustic aire, affording a reasonable prospect of a permanent cure although even by this more heroic treatment we cannot be absolutely certain in every case that we free the patient from her disease for ever.

Palliative Treatment -I have one word more to add with respect to the treatment of this psinful affection before I have done with it, and it is this. In those cases where all radical measures have proved meffectual for relieving your parient, or where the caruncles are in such a situation as not to admit of their removal, you will require to administer sedatives of various kinds internally, or, what is better still, to apply some local anodyne. The best last remedy that I know of for this purpose is prassic acid, applied in the form of an ointment made up of two drachus of the dilute hydrocyanic acid of the Pharmacopena to the onnee of lard. A but of this continent about the size of a pea applied to the part three or four times a-day, often relieves the pain more effectually than any quantity of opium administered internally, or than any other form of local anodyne which I have used. Acomite and chloroform outments sometimes also form good palliatives. So does tend water. You will add, sometimes very greatly, to the comfort of your patient, by advising her to sit in a warm hip-bath during micturition.

We quite agree with Dr. Simpson in most that he says on this subject. In many of these cases we have been successful without the actual cautery, and simply by the application of the strong nitric acid. Both in nævi of the rectum and at the mouth of the urethra in the temale nitric acid will often succeed; but it must be kept applied to the part for a much longer period than is generally done. Surgeons generally rub or apply it well over the part, whereas it should be kept in contact for a minute or two. Taper a lead pencil or bit of stick, and cover the en lover with tolds of cotton thread for about an inch. Then apply a little oil round the nevus, so as to stay the action of the eaustic. Next dip the stick and cotton thread into intric acid, and keep it well applied for a minute or so to the nevus, pushing the stick a little way up the arethra. Now withdraw it, and oil the adpeent parts again, so as to prevent the and acting too deeply on thom. We have thought, since reading Dr. Simpson's paper on different causties, that his inictures regual parts) of chloride of zine and oxide of zinc well dusted over the nævns, would be a good application — Ep. Harnospace - Wel Times and Gaath, April 2, 1859, p. 333.

121.-DIAGNOSIS OF CAR INOMA UTERI

As to the differential diagnosis of caremona uter, I have little to say regarding it at property, for you have not yet had an opportunity of being made acquainted with the other diseases with which it is hable to be confounted. If it there is one observation which I density wish to urge upon this point, it is thus, that you are not existed to how now the existence of cancer in the south from any degree or kind to pain blocking, and offeners discussed, from which the paint may be suffering, not even when these are confound with the paint case, we not look which is usually path guidenade of the closure. All these local and constitutional symptoms may be present in whom there exists besides cancer, and, in some latent case of conservity may have be found absent. You can detect it with perfect consents only may have seemed diagnosis. You to it make a vacual examination with the his sense of toneh has assured you of the condition of the curve open, and not till then, can you beneatly and consequences problemase.

. upon the nature of the case

One morbid condition of the cervix ateri with which cancer of the organ may be, and often is combunited, is that which results from chronic inflammation in it. This causes collegement of the carrie and expansion of the os, attended with great indication, and when ulceration sets in, and pain and monorrhagia are developed, the rase may very readily be mistaken for a case of cancer in its first stage But here you have always the distinguishing characteristic, to which I have already alluded, that in chronic inflammatory is limited in the cervix the deposit is confined to the origin itself, which remains to se and mobile, whereas in the case of camer the success how towness usually become early involved in the disease, and being indirected with the morbid deposit make the cervix uten feel firm and fixed. And when ulceration has set in, you will find that the oleer which results from inflammatory change--- bough it may book very pregular. rough, and agly-is always on a level with the unhanken sortage, or even projects above it, whereas the cancerous where is always depressed, excavating, as it were, and eating out the part in which it has its seat. One often sees mustakes made with record to the day nosis of cancer of the uterus, which are almost unconservable, and which you may in almost every case avoid if you will just keep your wits about you when making an examination, and it as a little continua souse-a most invaluable and indispensable aid in all kinds of discnoma. When you feel a rough, irregular, excavated or anfeactions idear seated on a hardened tase, and surrounded by hardened tossie in any other part of the body, as the extente of the chest, face, or extremeties, you set it down at once as cancer; and when the thoger applied to the or uteri recognises the same condition you need not doubt that here, too, you have to deal with the same disease. Cancer of the uterus used often formerly to be confounded with sample polypsis uters, and Dunsytren and other Parman surgeous have recorded metances of patients being sent to them from the country, who had been told by their own dectors that they must movitably die of their complaint, and who were completely cared by the simple operation of the removal of the polypus, and were thus recovered, as it were, from the very brink of the grave. I have seen the same mistake frequently committed in our own times and yet it is a mistake which care will always enable you to avoid—Med. Times and Gaztte, Jan. 15, 1859, p. 54

122-ON INTRA-UTERINE POLYPI. By Dr. A. K. GARDNER, New York.

[As to the manner of separating tumours from the abdominal wall, the author observes that there are but three modes, viz. i by cutting instruments, as the sessors or bistoury, 2, by ligature, 3, by the écraseur. The second is open to objection from the danger of pyrema. The third is a compromise between the other two methods, but is open to the objection that it leaves a ragged and crushed surface, which will heat only by granulation.]

If the polypus be fibrous, and so large as to render such operations repracticable, the body is to be seized by hooks, hooked forceps, or even with an ordinary obstetric forceps, and forcibly drawn externally, and there subjected to such operation for its removal as may be deemed advisable. The force required for thus extracting an intrauterine polypus is so great as not only to displace the uterus from its situation, so as to bring it down upon the perineum, but it also necessarily inverts it, in order to expose the point where the pedicle unities with the uterus. Upon this pedicle being cut, the uterus often returns to its natural position with an analible snap like that made by the hollow india-rubber ball of a breast-pump or syringe when the pressure upon its sides is removed and it suddenly resumes its natural position.

Sometimes, however, we find that the enlargement of the uterus is not due to a pediculated tumor which bangs from the uterus, but we have a fibrous tumour developed in the uterine stroma. Sometimes this is found to be immediately under the naucous membrane, but even if it is not so superficial, the best treatment-if any treatment is necessary -is to cut down upon it, making a deep incision through the murries membrane of the uterine cavity, through any intervening tissue down upon the tumor. It is better that the meision should penetrate the tuner than not to attain to it, for the fibrons tumor being bloddless, no ill result can ensue. We expect a double result from this incision. We take off the pressure—the cause of the homorrhage -by cutting through and thus destroying the congeries of cularged and conjected vessels enveloping the tumor, and secondly, we allow the tunor to enachate itself, and thus to transform itself into a fibrous polypus, permitting, at some after period, an easy removal by any of the means already mentioned. It is to be hoped that some subscribe influentation may take place in the tumor, result. my in a suppurative disorganization, for we know the marked tendency

that Marina themselved the interest have to degree care where terrices. This is represented incompatible in three trees in which have express properties which which were approximately the province of participations of participations of participations of values of the artist and interests except a to a recognish distribution of the artist of the artis

The meandury office of this energy of more of a temporalist of this man party of the trice of trice of the trice of trice of the trice of trice of the trice of the trice of trice of the trice of trice of the trice of trice of

It double be executive became as more that, in all little starting orerations the season for their runderment when he wild be usual period of personal or the selection of the mentional or the mentional bases of the mentional base of also also the mentional bases of the mentional bases of the debits of period of a selection of the security of the rest and might seriodly after the second of the operation of the forest and Mouthly, July, 1564, p. 45.

123.—A Convenient Mide at Treating Vinginitia and Superficult Inflammation of the verses I wis - M. Farence waters in the Bulletin de The experitique of May 1'th tout in the above affections he prefere entitinents to injectuous. In minibe and faith in a tristicion every morning, with the ametance of the speculari, a good significant pledget of cotton word well amorest over with tarian ordicant, only the vacing bringing the pledget in contact with the corvin. By means of a thread tied to it, the wool can be removed by the patient, arther, in the evening or on the next merting. Hvery time the physics me taken off an misetum of cold water, or of a solution of alum, aboahl he used to wash the musous monthrone of the vagina. By a little practice, patients soon leave to entroduce the pledget then selves, the surgean than conturizing the inflamed surfaces to lighter ascatrication M. Foucher were the same treatment for Aust alone with much one come: but he trace, at the same time, he savily the most hely desprised organism with the bulinging pills. Extract of thickarts, quititude of extract of back steel reduced by had noted, of each had a deschiofor first fills. To commercial emilions, the author has found half a grain of paredered bellesones, given every night in the facts of Joh, extremely metal - Lancet, Jame 11. ladt, p. 301

121 -ON PRUBITENOUS VULVITUS By Dr. J. V. Sev. 802

Not infrequently a principenous equipmen appears on the increase membrane of the velocity and extends up along the vagina as far as the crivix uter. It extends also often, and is mountained, indeed wight

nally situated on the cutaneous border of the vulva, and appears on the outer cutaneous surface of the laboum, spreading backwards along the permenm, to the circle of the anus. Occasionally, it is a fitting and transient affection, recurring with menstruction, pregnancy, or delivery. But patients will apply to you from time to time, in whom the disease has become more chronic and fixed, having lasted for weeks. or mouths, or even years; producing almost constant irritation and distress; frequently interfering with rest and sleep, and rendering the victims of it nuserable and almost deranged. When the disease has become somewhat chronic and necessitates the patient to attempt to alleviate it by constant and sometimes rough friction, you will find the mucous and even the cutaneous surface at the most irritated parts white and thickened with red fissures, and scratches appearing on the affected part. I have spoken of the disease as fundamentally prurigenous; and we can often see on the affected surface a small papular. and sometimes a vesicular, or even aphthous eruption; but cases ever and anon occur, of severe printius in these parts, without your being able to trace in them any distinct eruptive appearance.

Treatment.-Prungenous disease of the vulva or neighbourhood can be relieved, and generally cured, by the assiduous and persevering application of a solution of biborate of soda (five or ten grains to the ounce of water), infusion of tobacco, either alone or containing a similar quantity of borax dissolved in it, or an ointment of iodide of lead (one drachm to the ounce), or an outment of bismuth and morphia, Chloroform also applied locally, in the form of vapour, limment, or outment, forms one of the most certain means which you can use. The supplest way of employing it is by adding a drachm of chloroform to an ounce of any common or sedative ointment or liniment. You will find great advantage in the management of the disease in alternating some of these local applications with each other, for most of them begin to loose their good effects when persevered in above a few days consecutively. In the more obstinate and severe cases. strong astringents are sometimes of the greatest use, employed either alone or along with sedatives, as a very strong solution or ointment of ainm or aluminated iron or tannin; or the powder of these substances mixed up with some powdered morphia, and applied continuously, for a few days, to the urritated part. Several times, in very obstinate cases, and where the disease was limited to a portion or circle of the cutaneous tissue. I have temporarily separated the affected portion of skin by a free subcutaneous incision with a tenotomy knife. Of course il haves no wound except the small wound left by the entrance of the knife itself. I have found this little operation perfectly and entirely successful in some cases, and only of temporary benefit in others.

Perhaps it is unnecessary to aid that the general health of the patient must be fully attended to, and that sometimes arsenic, aqua potassar, and other alterative medicines of that description are

required .- Med. Times and Gazette, April 16, 1859, p. 385.

125.—ON PRURPIUS OF THE LABIA IN FEMALOS

By the Rowand Rodos

The following one districts, what we frequently meet with a year tice, and is difficult to relieve—in Right makes no measurem of the nitrate of silver in these furnished complaints. We have combine temply to equal district of notices to meet with the electric proportions. If you meet with the district constant of in large, but a perty buse body water is a peach, and do to manufactor of nitrate of silver from two to tree grants to re-visite and push it well up to the content report that there of four bodies a day, keeping the patient as made how that we year was now balon, off all pressure from the homorrheids were in way gentle las above off all pressure from the homorrheids were in way gentle las above one, done often. The patient must be taught to do it properly beself. Dr. Raghy's case is as follows.

Mrs. A. aged 34, married eight years, nover preparate. Feb. 20, Tall—brunctto—palo—sallow. Constant heat, with some of rawness, smarting, and intense itching of the valva; much worse siff a catamenial period; constant purulent discharge. Howels emaked. Tougue deeply suicated, rough on the dorson, with clean edges. Pulse very feeble. Skin claiminy and moist, urine thick from lithate of assimate habit. Was suddenly seized four months ago, while attaching at church, with great swelling, heat reduces of vulva, the laba becoming hard, and attended with intense itching.

Examination. - Nympha red and much examined; as uters as directed forwards; the fundos is felt directed backwards, it is hard

and swellen introduced the sound, and replaced it easily.

Pd. hydr. extr. coloc. oxt. hymic. an Fi. M. ft. pd. xij. sumat ijk. s. pro. r. n.

Haust, ferri et magnesim sulph, primo mana

B. Acidi hydrochlor, dil. soch nitrici dil. sa Si.; liquisis Taraxaci Si.; lisfusi cinchonse oblongifol. Evo M. ft. mistura somat cochi, niagna ij. bis die ante cibim. B. Potasse ticarb. piv.; potasse nitratis sej, ap. ammon. arom. Ess.; aque Evips. M. ft. mistura sumat cochi, magna ij, post praudium.

fifth, letter in every respect—the morning faxative does not appear to act combinably. Rep. meet amonous anto, et mest potasses, post prandom. Let her take 2 of the pill- just helper the

mest catamenal period. If Pd. there can gr. v. it s

April 6. Catamenia appeared alvoit ten days ago rather endicitly, four days before the time, with much pain. The irritation was very severe for a time, and has continued alightly nurve. Bowels very confined even with the aid of medicine. Appetite better, general health fairly good, tongue is still subseted, though in other respects habital.

B. Arch mirror dil, seidi bydrocidor, dil as Jr., hy Taraxaci Jug

mfusi sennæ comp Jiv., infusi gentianæ co ad žvii. M. ft. mistura sumat cochl magna ij lis die ante cibum. Rep. pil. p.r.n. Let her take a large enema of warm water occasionally.

R Sodie Inboratis, vini colcline, aa 31, decocti panav Oi M ft.

otu

10th Is in great suffering—says that the lotion appeared to exeriate her and that the mixture had no effect upon the bowels. The enema, however brought away a large accumulation of hardened faces, Rep. enema p.r. n. Rep. mist cinch me

Il Extr aloes aquosi .) ij , extr hyosc .) iss , mastiches gr xij M.

ft oil xx sumat ii h s

Lag plumba diacet 388 deene papav Oj VI ft lotio

May 7 Better in every respect, her constipited bowels are the

great difficulty

The constituted and unhealthy bowels and other symptoms of general derangement of the digestive organs occurring in a rheumatic habit with considerable evidences of debility as shown by the pale sallow face, feeble palse, and vertex headache, are the characters which point out the real features of this case. The circulation had probably been growing more and more unhealthy for some time, and if the cold which she caught by getting the lower extremities severely chilled had not localised the mischief on the external generative organs in the form of pruntus it is more than likely she would have

suffered an attack of rheumatic or gastro bilious tever

The fiery heat an I redness of the affected parts fully characterised the inflammatory nature of the attack. The congestion and irritation produced by the retroverted condition of the uterns probably still further increased the disposition of the complaint to localise itself in this form The r grown presented nothing peculiar or umsual, it was simply a fee of me uterus, with its fundus forced downwards and backwards un for the weight of habitually constipated bowels. The alterative, laxative, and tonic plan of treatment quickly produced a great improvement in all her symptoms, and she continued nearly free from aumovance for some weeks, when the coil appeared to be woke up again into activity by the occurrence of a catamenial period. I cannot help thinking that she had unconsciously lapsed again into some degree of her furmer habits of constitution and gastro-biliary derangement it was evidently a matter of no slight difficulty to overcome her lon standing disposition to constitution, and the alteration which I made in the maxture appeared to ful entirely, nevertheless she continued to improve steedily in general health, and the c coasional use of a la ge warm water cucina effectually prevented any intest nal accomplations. The capricionaness of local remodies in this affection is well known but I was much surprised at the entire want of success of the letton of borax and colcheum wine in popry. devoction, which, in a somewhat similar case, had afforded the greatests relat - Ment Linear and trustle, dem 1, 15 mg p 4

120 - 1 sent in Property Million Million before extension as the first transfer of the sent trial transfer of the sent the most transfer to the sent of the sent o

127 - A CASE OF TRULAPSIS TEST OF BEREITS OF BURIEF A SECOND ASSESSMENT OF BURIEF A SECOND OF BURIEF AND ASSESSMENT OF BU

By Wat h ! Not now boy Brighton

A single women need about signs or applyed in me or believes there is no count of goodapers when here which she had suffered for three years. Sin he had appeted in the count math seven had been loomed from the formath and appeted for many meetre and companies and to depressed quick dragging pain in the looms and coaldily for exertin. The womb was generally down though also could achieve it I found it hanging between the thighs about the more of a melian, two miners membrane dry and glazed of a certimate brown endour and superficially absorbed. The or to of the arctima acquired to mean position in front of the tremur and trace are given as see at the lowest part of it. The words had preplaced was trivial very more able and the vague much refused and enlarged.

Considering the success which had attended operations for the care of prelapsus by partial occlusion of the vagina, I determined to see if I could not apply the principle of these operations in a simpler way. I therefore directed that, now that the wondo was replaced it should nover again be allowed to come down, even for a single moment, that a sort of thick pad, or cushion, of a length and breakth sufficient to cover completely the external parts, should be applied, and be sape in its place by a broad and firm. Thankings, before she sagain rose from its place by a broad and firm. Thankings, before she sagain rose from the recumbent posture, that she should prepare a sufficient rose from her bed in the morning, just as a ruptured person puts of a trust, and should never go about without one, and fastly, that she should introduce every night into the vagina a test grains of tanson acid, made up into a sort of soft pill.

She steadly billowed the plan proposed and at the end of two months had gained strength and theh, and get rid of all her descendent. The tarmound was now used twice a week only but the pad was directed to be were constantly. The etil continue at the pad was directed to be were newtonicly. The etil continue at the pad up to report that the wind has never once come down and that she has quite recovered her health and species can walk not and attend to her him to tenture puts as well as before an account a dispect to the allegton. —Lim. 6, Jon. 22 to 11.

123 -EXTIRPATION OF AN INVERTED UTERUS BY EURASEMENT

By Dr A. H M'CLINTOCK, one of the Presidents of the Dubin Obstetrical Society, Master of the Lying-in Hospital, &c.

[The case was that of a woman of two and-twenty, tall, thin, and of anieume aspect for upwards of twelve months subject to profuse metrorrhagia. A pedunculated tumour was found low down in the wagina, its neck being embraced but not constricted by the thin of uteri. It was of a dark pink colour, and when scratched or abradel, blood was discharged. So far the case possessed all the characters of a polypis, but the history excited strong suspicion that the case was one of chronic inversion of the womb as her symptoms dated back to hier last confinement fourteen months ago, when under the care of a rinde country individe, and who probably used much violence in removing the placenta, as she says the cord was broken in the attempt, and the after-birth "twice slipp ed away from the nurse"]

Intending to remove the tumour with the ceraseur should it preve to be a polypus, I drew it down beyond the labia by means of a val-This was effected without force, and with little annoyance the patient On passing the finger along the neck of the extruded tumour, I found that the os was entirely effaced-not a trace of it could be detected, and that the vagina was perfectly continuous with the neck of the tumour at every point of its circumference, with out any intervening ridge or projection such as the os uteri work On replacing the tumour within the vagina, the os uters again became developed, and could be distinctly felt in its former past tion A bougie passed within it only a very short distance-not quite half an inch-and was arrested at this height all round of these explorations led to the conclusion that there existed a chronic inversion of the womb. This opinion was subsequently concurred by Dr Johnson and Dr Churchill, who were good enough, at me On examining high up within the rection request, to see the case (as suggested by Dr Arnott), the uterus could be surmounted by the finger-at least, so thought Dr Churchill and myself. Had manonvre been practised when the uterus was external, the indication would, doubtless, have been much more clear and satisfactory.

The case seemed in every way as appeared to us, a favourable of for attempting manual reposition. The os uten was relaxed, the inversion meomplete, the uterus itself small, and its substantial admitted of being easily indented with the finger. Accordingly, at three different occasions—viz., on the 4th, 8th, and 13th Octoberative different occasions—viz., on the 4th, 8th, and 13th Octoberative different occasions—viz., on the 4th, 8th, and 13th Octoberative different occasions—viz., on the 4th, 8th, and 13th Octoberative different occasions—viz., on the finger in the following manual effect the reduction of the misplaced organ in the following manual of the path: I having been chloroformed, was placed on her back at the odge of a be i with her legs drawn up and separated. The hand with an intimate of the vagina, and firm compression and upward.

presents were aroultaneously made upon the best of the ateries this was a very fatiguing prece of membrulation, the hand very soon getino, beauniful and powerless. During the brief intervals of relagiation to allow the hand to recover its your a steady pressure was maintained against the I west part. I the uterms by means of a munit piece of wood about eight notice hope, with a shadow cup chapel extremity. The uterms could be very should be felt through the abdominal parieties, and my other hand was thur able to resource by making regulated press or above the prime. The only effect apositive size of the further and body and this dedication second at these operations was for the time is ing, to reduce the size of the further and body and this dedication second at the batable rather to the sample effect of squeezing and congressing the

organ than to any replacement of its invested testion

On all these occasions I adopted the course of proceeding described by Professor Winte, of Buffalo, U N the report of whose surrainingly successful cases had just then reached am the the evening previous to the first operation I amplied extract of bellevisions very figure to the os uteri, and some hours later she got an engine of storch and This three, operation lasted bifteen manutes patient exhibited such marked symptoms of production- pailor cold ness of the surface failure of the pulse visuating involuntary discharge of faces, &c -- that it was deemed inner but any longer to persevere. Ors Churchell and Keld were present during the operation, and Dr. Byrne, one of the assistants, who administered the oldersform on this and the two other occasions. The second and third attempts at at reduction respectively occupied twenty-hise minutes and each time I had to don't in consequence of the supervention of a state of erostration bordering on collapse. This did not quite pass away for some hours, but probably would not have tasted so long, if the nature had not obstinately refused to take any wine or brandy. Whether this alarming depression was in any way ascribable to the chloreforms, I cannot take upon me to say. She certainly took a strong aversion to its inhalation, and it was with very great difficulty she enable be induced to breathe it on the last occurrent. In the naturals between the operations, the instrument already described was used make and morning for some minutes in pressing up the uterus. Regard the temporary weakness just mentioned and the occurrence of some homorrhage, no ill offects, strange to say, followed these manipulations,

Only one alternative new remained, and that was the removal of the misplaced portion of the words. To effect these there was a choice between the ligature, the kinfe or someons, and the forascine. I resolved to employ the first and the last, but was not pute decided how long to leave on the ligature before performing excarement, whether for twenty four or furly eight hours. In contemps with Ly Johnson upon this point, his opinion was, not to remove the ligature ander forty eight hears at least. This sound solvice was strictly

fullumed

At morning visit of October 10, I passed a ligature of silk hisbingtime prepared in oil round the neck of the uterns, by means of a though's cannia, and having drawn it moderately tight, fastened it. The top of the cannla was just within the os uteri. Very considerathe pain was complained of when this was done, and in the course of two hours it much increased, and she presented symptoms of general depression, with voluting. By the aid of warmth and stimulants, reaction was brought about. A grain of morphia was given in pill, soon after which the pain began to abate. At 7 pm. the pulse was 40, and she was quite free from pain or tenderness. The ligature was techtoned, and she got half a grain of morphia and two of dried carbonate of wells. The next day she was going on satisfactorily, the pulse being quiet and no pain present, but she had at times some sickness of stomach, and at midday there was a slight return of the The ligature was drawn a little tighter. The uterus, as seen through the speculum, presents a dead white colour, having quite lost the deep pink which it presented before the operation. At foreneously sit of the 22nd the only change in her condition worth mentioning was, that the discharge from the vagina, though very small in quantity, was decidedly, and for the first time, fetid. This showed that strangulation had taken place, which might have been doubted from the colour of the uterus. The ligature had now been on for forty-eight hours; and, preparatory to using the écraseur, we urged her to mhale chloroform, but this she positively refused to do. sierlaring she would in preference suffer any amount of pain. Her endamence, however, was not put to a severe test Dis. Churchill. Denham and Byrne being present and assisting me I very gently drew down the uterus with a vulsellum, until it appeared between the labia-past enough, in fact, to permit of our carrying the chain of the ecraseur around it, and no more. She lay on the left side, with the thighs well flexed, and the handle of the instrument was directed backwards. The chain having been securely lodged in the sulcus made by the hyature, this and the canula were withdrawn. The écraseur ione of Charrière's, was worked very slowly, and eight minutes passed over before the uterus was severed. Pain of a severe, but not of a sharp or an acute kind, attended, but no hemorrhage of any amount, It was thought prudent to abstain from making any examination, and even from syringing the vagina. She was enjoined to observe the strictest boddy quietude, and one grain of acetate of morphia was given to her To prevent even the slight exertion attendant upon violing the arme this was drawn off with the catheter for the next fow days At 2 o'clock she was easy; pulse 96, no hemorrhage. At ? Pw the palse was 120 she complained of pain, and there was conach table benderness in the hypogastric region; there had been no atta h wever I turnentine epitheni was applied to the belly, and able was related balt a gram of calonel and the same of opium every 1. It was the passed the night trangully, and in the morning

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Lird, the pulse had fallen to 1104, the pain had nextle of a court of there only immed a one tenderness and some tenderness and some tenderness and some tenderness and some tender native in the variant. The pull were continued for the day, and selected word word some cold checken in the actine stream treasure table. Here were not next meeting 24th was down to be and, except for the presence of some ackness of about the che was many project my read the granular grandally anterded. In the course of a fix day, all historials are get up for a fertinglit, and she returned home the lind becomes to get up for a fertinglit, and she returned home the lind becomes

This can every strikingly a shifted the necessity to contact and strict investigation in the diagnosis of intering polyty. In several the polypus. I do not before that the ordinary district was mestaken for polypus. I do not before that the ordinary district season mation would, in the instance before its, base supposed, even to the most skelful and experienced, the remotest sie, ico it of district events or suppressed the fact of her having had a child, a grave error of disguissist, and perhaps of practice, might have been consulted. It is manifest also, from this and other cases which might be cried that the characters of the tumour, as to size, colour sensitivity and deposity, can very rarely be depended on to turned positive information of its nature.

It has been stated in the foregoing lastery that when the interest was drawn external, every trace of the ostimen was obliteated but reappeared when the cipan was put lack. That this actually took place was not only plan to myself, but to others who examined the patient, and among their number In Johnson and In Charakhit This circumstance is one worthy of notice, as bearing on diagnosis, although I am not aware that it has attracted attention before, a could not venture to say whether this sign is present in every case on not; but when it is present, we may safely regard it, I think, as a very unequivocal indication of the interest being inverted,— Indian Quarterly Journal, Feb 1850, p. 137.

129 -- ON OVARIOTOMY WITH REMARKS ON THE MEANS OF DIMINISHING THE MORTALITY AFTER THE OPERATION

By T. Spencer Weels Esq. Lecturer on Surgery at the tressecon place School of Medicine, Surgeon to the Samaritan Hospital, &c. [The writer has long regarded the lightness on the reduncte and the sloughing of the stump within the abdominal cavity, as one of the most frequent care as of death after ovariously.]

In cases where the politicis is long, then due, see can be avoided by

fixing the stump outside the wound, but where the peduncle is short, the écraseur offers evident advantages

[Eight cases are detailed, which though interesting, are too long for insertion here—Mr We'ls then proceeds to observe that we shall most effectually diminish the mortality after ovariotomy]

I By the selection of proper cases only for operation

2. By the determination of the stage of the disease in which the operation is most likely to prove successful

3. By careful preparations to avoid all unnecessary sources of danger.

4 By the use of ansesthetics to lessen the risk of shock

5 by certain precautions in the performance of the operation.

6 By careful after treatment

As to the selection of cases. Without entering into the wide question of the diagnosis of ovarian tumours, it may not be quite unnecessary to say that the surgeon should be quite sure the tumour is ovarian before he determines to perform ovariotomy, when we remember that this operation has been attempted in cases of pregnancy, of hydatid tumours of the liver, of colloid disease of the pertoneum, of other malignant growths within the abdomen, of fibrous tumours of the uterus, of excessive fatty deposit in the integraments, of ascites, and in cases where there was no tumour whatever. The more glaring of these errors are not likely to be committed again, but with all our care there are cases in which doubts can only be entirely removed by an exploratory measure.

Then as to the characters of the tumour, I have no doubt that the surgeon who would only perate on cysts containg fluid which could easily be emptied, and it non-adherent, withdrawn through a very small incision, would be more successful than another surgeon who remeved solid tumours requiring the long incision. But the cases I have related and very many others on record, show that the presence of extensive adoctions and large solid masses are quite consistent with a successful result.

The cases in which the operation certainly ought not to be performed are those in which there is coexisting disease of some important organ. If all the patients who had died after ovariotomy from old standing diseases of the lings or kidneys were climinated from the catalogue, the results of the operation would appear in a far more favourable light. The operation is discredited because it has been performed in its selected cases.

There are those who believe that the existence of adhesions so far from contra-in facting the operation are rather favourable than otherwise inasmich as the peritoneum in its altered character, is not so likely to take on an inflammatory action as when it is in a tolerably healthy condition. Many tacts might be cited in favour of this view, and prove accuse it and it is one deserving of further inquiry.

As to the period for operation. There are sures in who would only operate as a forlorn hope when it is quito clear that the patient days are numbered, and that if her ble by shortened by the operation she cannot lose very much. Some on the contrary argue that the plan of operating in an abus brought and does bring the operation into an inserved discredit, and that the less the general hearth of the patient has been shattered by the disease the more likely is she to survive a severe operation. It this it is replicif that evaluating a an exception to the general rule and that the most successful ruses are those in which the patient has been most reduced by the disease or the peritonoum most altered by extension. It is remarkable that in all the successful cases I have related, the disease was in a very advanced stage, while in the first fatal case it was in a mach envire period of development, and the general health comparatively little injured, but this point again requires more extended inquiry.

3 Patients have been exposed to unnecessary danger by being submitted to operation in a theatre or in cold rooms, or in dry over heated rooms, or their limbs have been imperfectly covered and not protected from the fluid empiried from the cyst even after it has ceased. I have seen a patient's legs, thighs, and buttooks perfectly cold and wet from having been exposed for marry an hour, uncovered and lying on a sheet soaked with fluid. All this has been authorately insisted upon by Dr. Clay. Dr. F. Bird, and others, to render more

than an allusion nanecessary

or the use of An exhetics -- The materials do not exist for a trust worthy comparison of the results of ovariotomy in cases where ether or chloroform were and were not administered. This is another question which can only be settled by future and more extended observation, but I firmly believe that the nortality max be diminished by the use of anisothetics. The sickness which senectines belows the use of chloroform is, of course a great disadvantage, and the depressing effects might, in some cases, be too great, but, on the whole, I think, that by greatly lessening the auxious any rehension of mifering which so eften brings patients into an unfavourable condition for undergoing any operation and by entirely preventing the shock at the time of the operation caused by the pain by the knowledge that the shocken was laid open, and by the manipulations of the operator and assistants, the good effects of anxiencing must far outweigh any occasional ill-consequences.

5 Supposing that all the increasary preparatory measures have been taken,—a quiet, well ventilated room secured, a good name provided, a couch and mattress placed in a good light the room warmed to about 70°, and the air kept from being two dry by a kettle of water boiling on the fire, the patient dressel in a warm financing gown, and the legs kept warm by wodlen stockings and het water cans, if need-tul a good supply if roft, new well scalded sponge at hand; plenty of water at about 96 soft flamed most and in this water to protect

any exposed intestines all the necessary in truments for incroion, to ping, seeming vessels and the peduncle, and uniting the wound, an abdominal bandage, and a clean warm believed to receive the patient, with Coloroform, other, wine and brandy,—there are still some points of practical importance which deserve notice

It is extremely important that the patient should not be exposed to any possible risk of putil infection from students or surgeons engaged in the dissecting rooms.]

The incision should be exactly in the median line, so that integument and aponeurous only need be divided before arriving at the peritoneum it should not reach sufficiently near the pubes to endanger the gravitation of serious into the arcolar tissue around the bladder and that of the pelvis generally, still less to endanger the bladder. Without running this risk, sufficient space can be often obtained below the umbilious. If more be required, the incision can be carried unwards towards the environm cartilage, still in the inclination, but goth a curve round the umbilious.

In case of any doubt as to the exact boundary of the cyst, it is far better to open it than to run any risk of unnecessarily detaching the rentoneum from the abdominal walls.

In cases where the cyst contains fluid it is well to use a large trocar, in order to save time, and to have an elastic tube attached to the canula, so that the fluid may be removed without wetting the patient and while the abdomen is still covered

This modification of the trocar is of some importance. Tapping the abdomen with an ordinary trocar is a very clumsy proceeding. It is necessary to have basins held up to the canula, and these, as they are filled are empted into pails, amid much splashing, and innecessary exposure and wetting of the patient. In all cases of tapping the chest or abdomen, or opening large abscesses, I have, for several years past, been in the habit of using the canula of Schuh, of Vienna, and attaching an elastic tube to it, thus conveying the fluid away quietly and neatly without alarming the patient, or wetting her linen, while the entrance of air into the space occupied by the fluid evacuated is rendered impossible. More recently I have used a still simpler and equally convenient instrument, first described by Mr. Charles Thompson of Westerham, in the Medical Times and Gazette of March 27, 1875.

The trocar is made to fit the canula closely like the piston of a syringe, there is an opening from the lower part of the canula, on to which an elastic tube can be fistened. I have added a stop-cock to the elastic tube, a few incles from the canula, in order that the rate at which the find flows off may be regulated, should the patient outlier in its tro rated commution.

in war or my the entrance of air into the sac is of no importance, and the moster if nong this instrument is apparent, but in simple

Lighthan the control of the acceptance of the state of a section of the section of the state of the state of the section of the state of the section of the

In breaking does adherent of adherent countries or may charge you turn large vessels there should be tool or twint is at more to prevent them large vessels three should be tool or twint is at more to prevent thereing into the parities early, and as it mug in to very indicate to find the likeding paint if other separated. In case of they took to find the likeding paint if other separated. In case of they took to adherent be adherent to the intestines, or any viscus so firm that separation is very difficult, it might be better to cutaway that twint is of the systemy it adherent, than to an any risk of regarding in important organ, but in this case it would be desirable to remove the source.

secreting coat of the eyal if provide

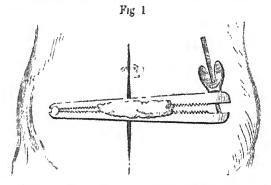
In drawing out the cyst caution is required that the cycle in 's as drawn out, and in comoving a solid tragent care is new many that it does not fall subjustly and tear through any posters of the pedancle.

thus giveng use to be morrhage

In securing the probunds lightered were used in the first and second cases, claums in all the others, but in the third and fourth these hastures also became increasing as in each case a partial of judicinia slipped from the grasp of the clamp. This danger, however, was avoided in the other cases, by taking case not to cut the exit of turnour too close to the clamp but leaving at least an useb grossering beyond the line of constriction. If heatures to mied, it should be remembered that a smale one can very carely be sufficient, and tratcases are on record where rationts have deed on the table forms of the ligature slipping, and it houg afterwards impossible to flui the three ing vessels. The included minute be enjectably transfixed and tool in portions not brusher ties a baser. Perhaps a neight he well to divide the round licement with a knife, only types the remain let of the peducile, and I think it extremely probable that the extreme may your littly do away both with the ligature and the clarify at it mucht be not a very alousty, and the covariable net ender by repeatable for some hours after the wand was thoud

The annexed weed entained the manner in wealt the prelateder of embraced by the clamp, which her area of the erond, and prevents the slonghest states from singular into the abdominal cavity. In the

diaming this instrument is half the real size so that the body, to be in proportion, should be half the life size. I used this clamp in Case



2 having it made like It cold's fenestrated forceps for circumersion, with a screw for fixing. But it was not easy to apply, owing to the fixed stem, and as it was made of steel the rust which formed on it caused some irritation of the skin around the wound, although it was protected by lint. I therefore had an instrument made with a movable stem, and with two screws instead of one, in order to insure a more equable pressure on all parts of the peduncle, and it was

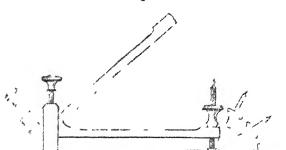


Fig 2.

sto a dy solided to prevent rusting. This clump is represented in the above wood out, the dotted lims showing the manner in which the blade and stem are moved. I used this instrument in Case 3, and I have stree had the salews made that instead of round, as, when the sales of hands are bloody, it is not easy to turn the round serve. In tase I and I used the collapse clamp, as originally devised by

Ar Hutchmann, has in 6 age of religion for the late with and for enter a to be that which is most readily applied, which remove the cone mable pressure on the reducte and her the ment there is a vihave seen upon the world afterward. The second fixed there hemorrhage to using any camp to to leave a with nest account of tisane projecting to give see in the against retracting of the feel troops or altipling of the claim of the arrive and in the page of the body of too close to the claust.

By carefully clean and the paretonesses from all block election or otherwise, or any of the consent of the equit which may have compared, I think for his to great in down by territoring and for which weight outsequently decompose their harm by any instance of the perchangular with nost minutes. In this and increased stayed of the concent of the intestines should be kept as much as is ough, to us as tripling, by as assistant hiddens the edges of the wound together and when other time is exposed it should be protected by the mostly projet flavored Art field secure has been used for this purpose materal of place water.

but I should certainly prefer the latter

In cases where it can be done without under tracts of uses, the uterus, the fixing the stamp of the radiance cutome the perstance cavity appears to be a most important safegur 1 against just matical and the law fever caused by almorpt on of the patter matter dowing from the decomposing stump. Any one has seen the quartity of filthy sames surrounding the stump as it has on the abstraces is a patient day after day before it represent a most be utent with the danger attendant on such a process going on author the whiches, even though this diffusion were checked by just citing effusion of lymph. It remains for a statistical impury to allow how far mortality. has been diminished in cases where the new plan first recommended.

I believe, by Mr. Imfin) was adopted

For bringing the edges of the wound together I think gitted havelip pins,—or pins of the paracre from wire introduced by Dr. Minuson, -with the twisted suture, are the most trustworthy. The whole depth of the wound is brought together, and the rons not as spinits. preventing any escape of intestine, an acrident which has happened by the giving way of ordinary sutures. A few superficial votages of silver, or iron wire, may also be advisable to secure perfect assumption of the divided edges of skin. I have found extremened the most confortable covering for the wound, and as an abdominal belt motions answers butter than a do this fold of flames, kept from slipping upwards by a strip of line a passing round each thigh, and consider the lower edges of the flannel. Lapermoonts on dogs rathers and games. mas, have convinced me that it is better to perferale the divided edges of the peritoneum by the hardip pais, so as to pies two filds of the perstoneum against each other, than to run new risk of contact of the peritoneum with the divided tionies of the abiconnal paraster. But as I intend to make these experiments the reducet of a special coma lyancing, the patient watches his approach as keenly as we, often with acuter perception of his nearness. We come to the sick chamber day by day to be idle spectators of a sad ceremony, and leave it humbled by the consciousness of the narrow limits which circumscribe the resources of our art"

This picture drawn by Dr. West is true. We have all seen the poor creatures he so eloquently describes fading hopelessly away resources of our art are not so limited as he would imply be something more than idle spectators of a death-bed resource to offer, -hazar lous it is true -but one which has in many cases been crowned by a complete and brilliant success.

Some months ago I stood at one of these death-beds, in consultation with one of our highest authorities on ovarian disease half convenced by my arguments in favour of an operation, but he felt his responsibility deeply, and said 'How dare I advise an operation we both know to be so dangerous?" I replied, "How dare you leave

the poor wom in to die without an effort to save her?"

These are the anxious doubts and grave responsibilities ever recurring in the life of practitioners of medicine and surgery My earnest hope is, that by bringing this subject prominently forward for discussion, something may be done to solve the doubts and lighten the responsibility of those who seek for the 'influence of authority in matters of ournion "-Dublin Quarterly Journal, Nov 1859, p. 257.

130 - I NILOCULAR OVARIAN CYST-INJECTION WITH IODINE-SUCCESSFUL RESULT.

I mler the care of Dr Savage and Spences Wells, Esq. at the Samaritian Hospital)

IM 1 G age 1 56 widow was at first an out-patient under the care of Dr Priestley who diagnosed a unilocular ovarian cyst, and reported the case as a very favourable one for injection of rodine. The tumour had apparently existed about two years 1

Make an adamsson - The whole abdomen from the pubes to about half way between umbilious and ensiform cartilage was occupied by an elastic fluctuating smooth tumour dull on percussion, the patient lying about the size of a woman in the eighth month of pregnancy. Percussion clear in both lumbar and lateral lumbar regions No depression of anterior wall of vagina The pulse is small and weak, and the patient suffers a good deal from pain, and from the weight of the tumen and its interference with respiration.

A constitution was held and it was a need that Mr Wells should tap the eyst and if it proved to be unilocalar inject it with iodine; while if it were multilocular he should perform ovariotomy

April 12 As fluctuation was more distinct above than below the umbilied. We Wells inserted the trocar in the medium line, about an inch above the unblaces some for elevis the west and exploring sound passing the right with a stage of the exploring sound passing the right with a stage of the exploring the explored with the interior of the extremity of the explored with the period of the extremity of the explored quite elevations and no smaller ingressing system of the above the mainted enterior in the explored pute elevations and an electron statement of the explored for the mainted that the figure which therefore the explored for the way for the explored for the example of a smaller continuous of the explored the explored puters are considered as a majoring with platform to the and the extremit of the explored the explored the explored the explored the explored the explored the explored.

Mr. Wells stated that in most of the case a record in weight conserved had been injected into ovarian cycle since it is an increase of the strong functure had been used, and he attributed many of the same sequent the facts to the rapid absorption of subarge a choiced also has sequent the facts to the rapid absorption of subarges and record from the absolute, and not from making, and he determined to told we the example set by Mr. Hutchinson recorded at the Marinal forces and thatestic vol. xvi. p. 60.2 and use an aquicient of their affirm my strong to contense the senting imma membrane of their eyes, all wing for some unavorlable dilution by the find increasing remaining in the cyst after it has been complete as a specially. The solution us divas made by dissolving a scrapte of it, increased that a direction of notice of volumes an order of water.

Not much pain was felt at the time, but it become very severe in about an hour all over the unbeload region. Two grains of which opinin were given at once, and a grain was ordered every fear boars if the pain continued. She had a distinct region at night, followed by heat and perspiration.

The report states that improvement took place till at the wed of three weeks the beggs i to sit up. What and quiding were duly sitemistered. The cyst could be felt about the size of a exceen tail, hour centrally between the umbilicus and pube;

Remarks—Since M. Deinet hist practiced the a section of ever-an eysts with reduce the operation has been performed very frequently, toth in the country and on the continent, and very considerable oncess has resulted. But there have been many deather and roung failures. The result of all this experience is leading to be the conclusion that failure ment follow the injection of compactly system and that deather and a and often or, the result of a practice which is easily forbid by our knowledge of the structure and greatly of those cysts. On the other hand it appears that in all the recreasible knowledge was ample or unformer and that the recreasible base been very considerable. Thus, of 45 mass reported by M. Beiner, in 184 the cysts

were simple—(if these if were cured and three died while of H compound cysts so injected there were five failures and 6 deaths, Nothing can show more strongly the importance of a correct diagnosis, and Dr Graily Hewitt's exploring trocar thus becomes of great use as a guide to successful treatment.

The approaches necessarily consists of an ordinary canula and trocar, and a probe fourteen inches or more in length, graduated in inches, rounded at its extremity, and composed of a flexible metal. In the shoulder of the canula is transfixed a dispinagin of india-rubber, in the centre of which is a perforation, large enough to allow the trocar or the sound to pass, but grasping the sound so tightly as to prevent escape of fluid from the cavity into which it is introduced.

The tracar and cannia are thrust into the tumour, as in the operation of paraceutesis, the tracar is withdrawn and the sound introduced in its place. The observer is now in a position leisurely, carefully, and conveniently to probe, by means of the sound, the whole of the abdominal cavity or cyst, and no fluid escapes during this examination.

Latterly a branch pipe has been added to the canula, fitted to an chartic tube or stopcock, so that the fluid may flow, if desired, while the sound is being used to explore the sac at different degrees of distension.

It may be well to add a few words as to the success of rodine injection to the practice of those who have followed M Boinet. Dr Simpson was the first to adopt it and he is said to have done so in many cases with great success, but he has not published any numerical statement of the results. Dr West has tried it in eight cases. Not one of In two there was no benefit derived. these was fatal In one there was only slight improvement. In four the disease was clearly retarded. and in one it was cured, as at the end of two years fluid had not In our fourteenth volume will be found a full abstract, re-collected of a discussion on this subject at the French Academy of Medicine. where M Velpean stated that out of 139 instances in which roding had been injected 30 deaths had occurred. 64 were permanent cures: and in 26 the fluid re-accumulated. But it should be remembered that in 20 of these fatal cases, the opening into the cyst had been maintained by a tube kept through the wound, a detestable practice, leading almost containly to cyst inflammation. - Med Times and Gaz, Mary 28, 1854, p. 5498.

131 -ON OVARIOTOMY.

By J BAKER BROWN Esq

(The following remarks were made by Mr Brown after a paper read at the Medico Christiqual Society by Mr Spencer Wells Mr Brown's remark are so good and practical that we here append them, separate from Mr Wells + paper.)

Mr. Ballet Arames well think as his board of his a section 1 1 19 15 1 attention, for marky their mark in the study of war and he transfeld that he souther to alreaded to believe a succession above both or in a top purpose wherehe can be produced in the contract of the contrac Addition therein we are for the or to be a total reading an electrical grounds growths after the ment, has alternated attended one, by the try that the entry is the general entry their Import. He thingled the seath y and note a control execution of the makemantages and that charmes have able to be described and the contract of comion this was one of the greatest matrix ments set with fix pri-Breting the operation. He must not under an of fover any served to the pedals sould have a more device if a proper charge has been carefully applied the the called the courte or lead to be for a true confuser of prevention, the relation of the first the speak of the great constant during the meration that aroute he at he by the early a cheeners. COVERING the worths with warm wer name, some ever the property to the extrusion of the intestance and the polymona of the art. It was see the room should be marin, was less than eve an let Pale as t the rame degree of temperature should be marraged for some days after the experience, we as to when the whose to increase femily live distilled had made one strong recommendation which has Mr Brown can undered seriously objectionally markety, that the surveyly of the personenin should be carried by the estimate to prove out hard me bringing the edges of the women to other. Now he me he will not vised all operators to avoid this resonantial stand for as inside the f Die EMpere einem pit i begnebe tigen terme n gegebterenden bigigt, bin ber bei bie bei mebriefier? 'b followed the use of metallic sutures when the soul through the first to ments, and an experience proved that he aperiorly examed her then novel mode of bringing the edges together, by Mr Hown together that it would be found necessary may to above sales or through the appenentation of the initiales unrefully avoiding any passion of the each toneum, just as the operator for have by carcially associat the saucate membrane in applying the pone. He had think that deep authorisalone were normany in this meration, and he recommunical and the first suture magnil be anothed close to the nedwle, accured by the clamp, and then at every half inch upwards. By this knowled the change of air getting into the peritoneal easily during the in week of healing was prevented—a mount of great practical management, as the believed that as much danger arose from the irrelation of the atoms pherical within the peritoneum as from the slengthog pedicts when allowed to remain in the below cavity. He . I'r foom a hopesed that the anthor had not get felt the importance of writing the pulsant opum and wine an hour before the operation. We this was a sense of gient value expecially when preceded and followed by the foremeasure of see. He descree from the author in recommending the con of speaker approprietation to intelegrance to the experience of again through the mouth. He Mi Brown, believed that if the force of come more met cuts pulls direct from the max to sind, most justinate

will be able to take opium who would not otherwise bear it; the suppositories were only required in exceptional cases, and then the were of real use. The author had mentioned one case where a bank of adhesion extended from the cyst to the liver; these bands wer peculiar, and required great care in dividing. Some years since, h (Mr. Brown) operated on a case in St. Mary's Hospital, where such band existed, and after consultation with his colleagues, he cut through this band, which appeared to possess no bloodvessels, and yet this patient died two or three days afterwards, with all the symptoms of internal hemorrhage; and on a post mortem examination it was founthat this band possessed two large bloodvessels, and from them the blood had flowed which destroyed the patient. In the very next cas which he operated on in private practice, the same kind of band wa found, and being torn through, no bleeding followed. This led to the conclusion that all adhesions should be torn through, and never cut The question of adhesions in this disease was one which had led man to consider their existence as opposed to the completion of the opera He (Mr. Brown) believed, and he was borne out by the grea experience of 13r. Clay, that they offered no objection to the operation indeed, it was doubtful if the peritoneum had not been so thoroughly altered from its normal character as to be less prone to inflammation on that very account. In the second case described by the author the adhesions were unusually many and strong, and offered such diffi culties that most young operators would have been deterred from attempting to break them down; yet this very case did well. On the contrary, had the operation not been completed, there is little doubt she would have died from suppuration and formation of pus within the abdomen. The author alluded to the assistance which he (Mi Brown) had given in this very operation, and had spoken of his zealou services. He (Mr. Brown) felt very strongly that the words efficien services would have been more appropriately used. Upon the genera question of ovariotomy, Mr. Brown felt that a correct diagnosis was a the first and most vital importance. When the nature and characte of the case was carefully made out, then the surgeon could decide of the different modes of treatment to be followed, but not till then Supposing that extirpation was decided on then the sooner an opera tion was performed the greater would be the chances of success: h fact, the history of the operation for hernia well illustrated this par of the subject. Formerly that operation was never performed till the patient was in extreme danger and unable to bear the shock; and i the patient did live for twelve hours, the usual black or aperient dos the next morning so critated the bowel that death rapidly followed Whereas now, by earlier operation and the use of opium afterwards these cases were as successful as they were formerly the contrary. If ovariotomy, a careful after-treatment is of as much importance as a correct diagrash - Lancet, Feb. 19, 1859, p. 187.

IDE-ON PERRPERAL CONVERSIONS.

By Dr. Francis H. Rawshovitam, Obstatric Physician to the Lorolon Hountal, &c

On Monday, February 7. Dr. Rambotham was sent for by Me Pryce, of Walworth, to a patient prognant for the first time, between six and seven months. She was stout and detherm, and return weeks previously had complained of drowness, pully hands, and exter similar symptoms. On the day previously, consultance came us, preceded by a violent attack of comming and purging. The fits recurred very frequently drough the night, and when seem my kir Ramsbotham she was quite momentus, with which dilated papers, acting sluggishly to the stimulus of light.

The uterus occasionally became hard, and there seemed to be a disposition for the commencement of premature interior who had been bled twice during the night, loosing about thirty cancer of blead at the two operations; and in the day had been supped on the fack of the neck, and twelve lenches had been authed to ker tempere The hair had been cut off, ice was applied to the bend, and a turpentine enema had been administered, which had becought away a large quantity of fietid stools. I had some difficulty in reaching the as uteri with my finger, for it was very bign, and not need more than usually backwards. It was dilated to the size of a ristorne, past admitting the end of the finger, and the membranes were felt tease. Before withdrawing my hand I mutured the membranes, and gave exit to a considerable discharge of liquer amin; I then felt a hint, but could not make out which. Her size was gradually doministical. She had no more fits while I staved in the house. I recommended that as long as she remained anconstrous three grains of calcoad should be placed on her tengue every two hours, in the house of its passing into the stomach; and that another turpentine evens should be injected. There were only two score fits after I beft; take or pains supervened, and she was delivered at 2 am. Throday't the knews presenting. Her consenuauses gradually returned such after delivery, though beadache continuel. On Saturday, the 12th, Mr. Pryor wrote to me, that he had seen her that morning attring my after a refreshing shop of five hours; that she still contlained of her head. and felt relief from the cold application. The helia after del very were very scanty; she took ton grains of calunch, and for two days the aphincters performed their duty imperfectly. It is enumerable time she has no recollection whatever of anything that occurred for are days before the attack appeared, although she was following her ordinary exempation all the time; and rarger for the headache and drawsiness seemed as usual. No albanica could be detected in the urine. She is now convalescent.

Holding the opinion, as I do that an attack of prorperal convai-

this young woman's life was saved by the prompt and decisive But I should not have detailed the case, were it not for one extraordinary feature that it displayed, and which I have before observed on no how similar occasions. I mean, the entire loss of memory in regard to the occurrences of some days antecedent to the service, while the patient appeared in health, and was occupied in her ordinary duties I have before known this obliviscence extend to six days preceding the first fit, all which time, in the language of my father, who first, I believe pointed out this peculiarity, seemed a blank in the patient's existence. Injuries to the brain occasioned by other causes have been followed also by the same loss of consciousness of events that happened before the accident occurred. M. Koempfen. m vol m of the Royale Académie de Médicine, gives the case of a cavalry officer, who fell from his horse on his head. A total want of recollection came over him of everything that occurred on the day previous to the accident, as well as for some hours after it. Though he recovered perfectly, he never regained his memory of these periods. A medical friend of mine, since dead, was thrown from his horse one morning at ten o'clock, while returning from a patient's house. On being brought home he ordered appropriate medicine for his patient; and though he remained in his house, he appeared to his family to be quite conscious of everything that was going on around him. he was well he told me that he had forgotten how the accident took place; and that he had no recollection of going to see his patient. nor of anything that had happened since seven o'clock that morning; the last thing he remembered was a child dying in his aims at that time, to which he had been called up two or three hours previously. He was equally forgetful of every occurrence that happened for twenty-four hours after his fall, although during the whole of that time he was conversing free and rationally with different members of his family, and also with his edical friend who had been called in on the emergency. Sir C. Brodie, (Psychology, Eng. 1855, p. 58.) mentions the case of a young gentleman who was thrown from his herse while hunting He was stunned, but only for a few minutes, and rode home in company with his friends twelve or thirteen miles, talking with them as usual. On the following day he had forgotten: not only the accident, but all that happened afterwards. He gives another, in the person of the royal groom, who while cleaning a horse, was kicked by him on the head He did not fall, nor was he stunged or insensible, but he quite forgot what he was doing at the moment the back was inflicted "There was an interval of time as it were blotted out of his recollection "

In the Ponzance Gazette, February 14, 1844, there is the instance of a woman who hanged herself, but was cut down before life was extract. After her recovery she had no recollection of having attempts to destroy herself nor did she remember anything that a control of the previous day. And in the Times for July 4, 1846.

there is an exempted a validable masselves i well missis lighted destroy handed by handers, and who disperse is recorded forward masselves and masselves in the residence of the second masselves and the second masselves in the residence of the record as a constant of the record masselves in the

These instances, in my against, and it is for the establish the trutt of the doctrine, that diderent parts of the train are authorising to different passe by much me, and other attribution for it seems clear that in all of the monaturer other portions of the ergon length base race read injury, that particular beauty, where is no attacked ten many of memory, was more tion any other distanced in the particular less its functions.—Med. Tenna and Gassie, Moree 5, 1922, p. 254.

TURPENTINE IN NEURALGIA AND TURPERAL DISEASES

By Dr Clonwootin

Hithorto essential oil of turnenting has relieus been used in France. except for the purpose of conster-critation, and stretty ranked aboves the resources of vitermary medicine. Internally the syrian was prescribed, or the essential oil solidified by some process, the object being to modify, by the substituting muthod, the enadition of missian main branes in a state of chronic inflammation, attended with excessive secretion. Thus turnestine was exhibited for chronic broudutis with abandant bronchorrings, and in old mass of genoribess, in which the disease had extended to the nurcous hnurg of the bladder, meters, or kulneys. In the early stages of consumption, M Transment had forms turpentine particularly beneficial, not that be expected by its now to modify the morbid deposit in the lung, but with a view to the resesval of the philogomis, which almost invariably, at least in a latent manner, accompanies its formation. The Professor is still in the hairs of prescribing to consumptive indicate the grap of tarpoistine, in doses of I to 2 ounces daily.

Our readers are also aware that M Treassau, for some years, but recommended in obstinute cases of scratica, the following proma "

If Ol can torebruth, 25 dr., vitelit over, & 1, aquan, 35 or handan log cyd, 26 in

Make the of into an equipmen with the yells of the egg, add the

water gradually and finally the landanum. This mixture should be divided into two parts one of which is injected in the morning, the other at night. A simple enema of warm water should first be taken, and when it has been returned, the emulsion should be injected in as little water as possible. The treatment must be continued for several days, or a reliable is to be feared.

In langland, however, turpentine has been applied to more important uses, and M Troussean now presembes it, according to the precents laid down by Dr Graves of Dublin, with much benefit to women suffering from puriperal symptoms. The extreme gravity of the phlermaster consequent upon parturition, due precisely to their tendency to suppuration, is a well known fact, whether the inflammation is inputed to the peritoneum, extends to the subjacent cellular texture. or spreads to that in which the iliacus internus and pseas muscles are imbedded the anxiety these symptoms occasion is the same. In these various circumstances, unconnected of course, with epidemic influence. against which the resources of science are generally unavailing. M. Tronsscan has derived advantage from the exhibition of large doses of turpentine, in combination with opium Under the influence of this treatment feverishness yields, the pulse loses its frequency and becomes fuller, the abdominal pains and tenderness decrease, and finally, secondary suppuration is less common If at the period of the admission of the patients into hospital, the feverishness has already abated, and abscesses have formed, the Professor still perseveres in the use of the same medicine, under the impression that it will conquer the inflammation which still lingers around the abscesses With regard to purulent collections they disappear, it is true very seldom indeed, but after a time and therefore with little peril to the patient, they open either in the intestine, or the bladder, if they are situated beneath the peritoneum, or generally in the inguinal region. if they occupied the sheath of the pseas, or iliacus muscles.

We are unable to point out the precise mode of action of turpentine in these various instances. Its administration, in such cases, is altogether empirical, and Dr Graves and M Trousseau recommend it much in the same manner, and without any more distinct motives, in those erratic forms of neuralgia specially observable in women, and which cannot be satisfactorily traced to any particular cause or to any

anatomical change

Last year, Dr Bonfils noted in M Trousseau's wards, and recorded in the Bulletin de Thérapeutique two interesting cases of puerperal peritonitis, which were speedily checked by this treatment. The first of these patients was, concomitantly with peritonitis, affected with pleuro-pneumonia on both sides of the chest, and in spite of this dangerous complication, she recovered in the space of seven weeks. The second case had a less fortunate issue, but the puerperal symptoms had completely yielded, when morbid manifestations of a different mature made their appearance, and she was carried off in all present actions of the complete symptoms.

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in the first easy to consider the discount of the state of the state of militaristan form political to other than more production means the traders during the day the fir was time in a good bright and finally to ten fills duly of the bottle is the fed of same to their days. The editions of their total his his one was at his it is the first the two experience when his thing morning the efferent pight is a greatify of toppersons was those gradually an montel to a trot to de and our and rise factor closes was preserved in fix a firsticality. This I could be two easy may was the following ---

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3 07

Aild to each injection five or my tublestructure of decort, radius althor or of the infusion bar The courses to be retained as long as

In the second case, five-sixths of a grain of opens were also exist bited in pills during three days. The turpent he was applicated in lichen capsules, each containing to great the oscential of line patient took aix every day-two in the morning two at more, and two at night.

Quite recently, in a case of erratic pains in the appendagment the womb, in a voing woman whose catamen at ten als were aregular M Trousseau prescribed the following emulsion to be taken in heir

doses in the conise of the day

Ik () essent teretunth 1 dr , vitelii ovi i syr cort aurant

10 dr , aq mchasae zh oz. F & A.

Thus administered turpentine preserves a most unpleasant taste, and in private practice it is more conveniently exhibited in sensigelatinous capsules of the size of an olive which open and close like a needle case. They are not expensive, and have the farther advantage of being easily filled by the patient named ately before being swallowed, one by one, in a speenful of water, in the course of the day

It has been remarked, that these gristinous eapsules are open to the objection of placing the essence in immediate contact with the coats of the stomach, and of causing thereby a certain amount of discomfort to that viscus when the protecting sheath breaks. Home practitioners prefer, therefore, to dilute the essence in some appropriate excipient-a method which is supposed to render the action of the medicine more general, and milder For this purpose M Perrens, Secretary-General of the Society of Pharmacy of Hordeaux, Las proposed, in the Union Médicale de la Gironde, to disguise the manseons flavour of the turpentine by the addition of oil of peppermint. 15 m, of this oil, mixed with a con of turpentine, tender the latter M Perrons recommends the following formula -less unpalatable.

B Vitelli ovi No. 1; el em terebiath, foz, ch em messit. pip 15 gr sympi i oz ad destili miniti dos. M. P.S. A.

In the case of very impressible women, who might not be able to evercome their reluctance to the above mixture, the turpentine may be prescribed in an electuary, and the following M. Peirens considers a satisfactory combination —

Ik () ess terebinth 2 gr, tragacanthæ 10 dr., sacchan pulv. 5 dr., sympa q s

Prepare a semi fluid electuary, two teaspoonfuls of which may be taken in a wafer impregnated with strong peppermint water.

We should, however, remark that, when turpentine is exhibited, as it is by Professor Trousscau, in capsules, followed, if necessary, by one or two drops of laudanum, it seldom causes any serious disturbance of the digestive functions. Appetite, it is true sometimes diminishes, and some unavoidable nausea may be experienced, but the stomach soon, in most instances, becomes familiarized with the medicine, and the epigastric heat and cerebral excitement produced by the first doses of turpentine soon disappear altogether. Dublin Hospital Guette, May 1, 1859, p. 139

134.—ON A CASE OF INFANTILE SYPHILIS, WITH REMARKS

By Dr. T H TANNER,

Being an abstract of a paper read before the Obstetrical Society, London)

The author commenced by observing that amongst the diseases which may be propagated from parent to offspring, few are more disastrous in their results than constitutional syphilis. It is probable that the syphilitie poron is the direct cause of the greatest number of abortions and premature labours which occur in the present day; and that even when it fails to destroy feetal life at an early period of gestation, it induces other severe disorders, having a fatal tendency at a more or less remote period. The chief points of interest in the case then related are the following.

In August, 1851, a married lady was delivered of her first child, which was strong and healthy, and has since continued to be so. Seen after her labour the husband contracted a syphilitic sore from a prostitute, for which he put himself under the care of an eminent surgeon. He took increury, and was salivated; but two months after an apparent cure he became affected with secondary symptoms, for which he again took mercury. Being nervous as to the consequences, he did not have intercourse with his wife until after the lapse of nine months from the date of his being primarily affected. At the commencement of 1°53, the wife's health he gan to suffer, though not very materially, but on the 12th June of the same year she was delivered at the seventh in anti-of gestation of a still born child. Some nonths after wards her health began more lecricilly to fail, spots appeared on his

where with bold a course lateral and love have made in a little of the course and considerable the first lateral to compare and considered by confine an applicable to the course of the

In March is a sin but termine a material for a more med was then just upon a country them to do not a first consistent that the file of bush country to was deligned a some problemates been did the file of bush a cook plane one through which he may be the time. The manter of a first was to the first and when the manuscript of all the completen do to constitute and explains. The traditional consisted in the cumptom that it measural country to a magnetic east apparently well on very respect to that all measural treatment was now apparently well on very respect to that all measural treatment was now apparently but a finitely for the that all measural treatment was now considered and that a finitely afterwards it died and leady. As the port concess examination, every organ was found invited, the brain a proportional gland, heart, See, all preventing a perfectly raise in appearance. It is only change was in the blend which seemed to be to an anothery than it ought to be.—Lancer Jene (1). Then y for

135 ON THE TREATMENT OF CARCINOMA LITER

By Dr. J. A. Sampson. Professor of Modelina and M. dwifery in the University of Educharab

In the way of the constitutional treatment of interine as of other forms of cancer, we can do nothing or almost acting except, per haps, retard and alleviate the coreo and the effects of the makely Nearly every form of videral and mearly every form of vigetable remedy has been exhibited and tried which accord at an inleig to stay the progress of the malady, but as yet with little, or indicate with absolutely no success whateve. All that we can do constitutionable absolutely no success whateve. All that we can do constitutionable generous diet, by invigorating regional, and by terms including and destructive match of the disease.

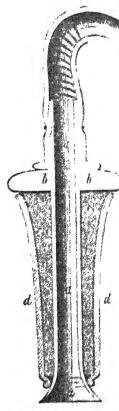
But we can employ various measines about steed force or less avail to day and stem, at least, the local samplemes and within the and

suggests the patient's progress to the grave

With this view, we have three leading indications to attend to, viz. I To use means to inleviate the pains and surferings actendant upon the discuss 2. To use means to prevent and arrest the attendant menorthans, and I To use means to contend the discussion ness and aculies of the attendant double on. Let us first consider the

1 Measures calculated to pullate the attendant purns -To relieve the pain you must learn to administer of rum by the stomach of rectum, or to apply it locally to the uterus according as you find the matient can best hear it Bezin it always in smill doses Most women suffering from this or from other painful forms of malignant disease. become, as it were, of turn eaters, and I think it is our duty to teach them how to keep themselves as easy and comfortable as possible. whether the object he best attained by the use of opinm or in any other way. It is certainly our duty to alleviate, when it is beyond our power to cure Where opium disagrees with a patient, you must have recourse to some other anodyne drug. You will find that comum has been much employed and recommended by some authorities, who have supposed it not only to be of use in relieving the pain, but to have some specific power of checking the progress of cancer never been able to satisfy myself of the existence of this power, but I believe it to be a very good sedative. So also are belladonna, hipmline stramonnin and Indian hemp, in some exceptional instances. Besules herg used by the mouth most of these anodynes may, if it be deemed better, be administered by the rectum in the form of a sunpository, or applied to the cervix uters in the form of a medicated pessary By this term of 'medicated pessary," I mean, as most of you know, small balls of a round or ovoid form, and of the size of a walnut, made of some medicinal substance mixed up with outment. and brought to a proper degree of consistence by the addition of vellow Our Elinburgh druggists keep medicated pessaries of various kinds, containing morphia, belladonna, tannin, &c The patient can usually introduce them herself and they have the advantage over muctions and lotions of applying the medicinal agent in a more con-They are made of such a consistence as to dissolve tinuous form gradually in the vagina at the temperature of the body they are conted with a layer of outment made firmer from containing a larger proportion of wax, with the view of facilitating their introduction

We have other local scalatives in the vapour of chloroform, and in carbonic acid gas which may be used to supplement the action of these anodyne remedies, or to supplant them entirely where some idiosynemic provents them use. The carbonic acid has been chiefly employed here within the lost few years, and I imagined for a time that this application of it was something new and modern. But I may as well warn you that should any one of you imagine that he has made a discovery of something practical in medicine if he will take the trouble carefully to look over the works of Hippocrates, or Galen, or Paul of Ægina, or of some other ancient medical writer, he will very probably get all the glory taken out of him. When the ancient thinch and Roman physicians burnt various herbs, the funes from which were commuted by a tube to the or utern in cases of utering the instance of they in reality applied carbonic acid gas. In German is the case of the carbonic acid gas.



Section of the perfected cirk the centre of the cura and recess ing the gas at its wife extremity a mentallic tales is fived. At The pensed with

many the water of a real of the ball of the that All theses and Allers on a female should be a fire of I will haven where as Institute to be take a rich in the lift file time to after the restriction of the property in leadings of the courts of ment इसिक्स १९९५ कर्न वर्गना है। वर्गना है। वर्गना प्राप्तिक स्थापित । वर्गना 网络海露在海震直接制作出 医心障 野田 小维的 婚性的 素素钠 陈腰子 滿頭 路 网络新维拉斯 美口 苦软(黄芪/鸡) 美元点点 Care essa abere. Physiotopos is man Ango easteid 李连载的第三人称形式 東京 解了哪样的时间的 "好"的现在分词。 tion of In Formula " Materia Modera but In Pricial humaniferculared the paragraph of so I the importance that he eximinated it from the last edition of his work. The paragraph was to the effect that his friend by thisteertonic, and bear requested by a lady softening from otherwa rum and restation to be suspiced as the some means of an lying cartenic and curto the word a me electional formerly expect ermed great benefit from which an applica then at the hand of my Italian theorem Latterly, I have used it extensionly in many cases of reference years and the a total with excellent effect. I've it is in fact a good and powerful local aquattersis. application is very easily accomplished table sprainful of crystalliand tactaria acid in market with a soldernounded of expandinged bicarbonate of well in an ordinary wine buttle, three or four wine-classfuls of water are abled, and the cas which is evered to carried off through a caputching tube and applied to the worth by means of a good clastic margic uttached to the natremety of used in the form replication of the tube. Our chainsake have got enter the carbonic and got to the meres way of supplying pathents with bosen each of Metalle tube possing the sale as that I have beside me, overtaining twolve powders or packets, with six disching of bb Metalliv ring, in which the tarture acul in each, and of he twelve with an onnes of hazalminate of mala Piny for performed book sheathed by a min current from the translation which they have of constituted as a contact that the same with the major of the tellows. who in the commencement of the winter but the wife and are artest interpretaries from adapting at the point of with a sort of braze her memoriately atoms flexum the metallic tube may we the six a or should at I have further the spanish. prolonged and bont and to this and by postrang on those appropre some charges the coll of wire can be disrobinia you may have the combined eduction action of the two an esthetics Usually, however, the hellow cork and tube used are smalle, see kit and without any box, and if you wish to apply chloredonn vapour along with carbonic acid, you require when employing the snaple tube, to add merely a tenspoonful of chloroform to the centents of the bottle before introducing the cork. When the tube is introduced into the vagina, after the evolution of carbonic acid was has commenced, there is perceived first of all a rush, and a slight feeling of heat; by-and-by a soothing effect is produced. Besides its angesthetic properties, carbonic acid is one of the best of local curative applications that can be made to an ulcer. In the last century, Dr. Ewart, of Bath, made the experiment of applying this gas to two open cancers of the breast constantly and for a considerable time, and with this good result, that one healed up completely, though of course only teraporarily; and in the other the pain was relieved and the ulcer partially healed. When carbonic acid fails to relieve the pain, the vapour of chloroform may be superadded to it in the manner I have indicated or chloroform vapour by itself may be applied by means of an ordinary, Higginson's (barrel) syringe, which, let me add, is the cheapest, best, and most convenient of all syringes for all purposes, The long or free extremity of the syringe is introduced into the vagina. and the other end of the instrument is inserted into the mouth of a four or six-ounce bottle, about one-third or one half filled with chloreferm, and then the application of the fingers to the middle part or barrel being in the way of alternate compression and relaxation of the barrel, sends speedily a current through the apparatus. If the bottle were full, or nearly so, there would be a risk of the liquid chloroform getting into the instrument, and being pumped into the vagina, which it would blister and scald and thus produce an effect quite the opposite of that which is desired. After the tube has been introduced into the vagina, by working the barrel in the ordinary manner, the vapour of the chleroform rises into the instrument, and may be projected for any length of time against the uterus; for you can send through the instrument a current of air or vapour as easily as a current of liquid. Applied in this manner to mucous surfaces generally chloroform vapour has a very soothing and sedative effect. Ten minutes usually suffice for the application at one time either of carbonic acid gas, or the vapour of chloroform; but patients sometimes desire it to be continued longer Either of them, or both, may be repeated, if necessary, many times a-day

I would just add one other remark in regard to chloroform, as a supplement to my observations on the constitutional, as contrasted with the local solative treatment, of the pain which attends a cancer of the womb, and it is thus, that where opinin disagrees with the pain it, or where she requires such large does that she is deterred from using it, you may relieve the pain by bringing her occasionally mader the remeral anosthetic influence of chloroform, by inhaling small quantities from time to time, and thus you may occasionally

property for him more which may be from any anterior, as all one of the property of the first him his many of the consideration of the property of the following the first and the consideration of the first him of the first and the first of the first him of the

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There is another meeting by alier's very man monetonical approach in allevintating the pain of causes. I aliede to the actions of either past of some freezing resture. In I Armst, who has severed particular attention to the anguithetic effects of a low temperature to samula parts of the body, has suggested that the freezing of a camerion part may be of use not only for mothers pain but also as a means of carrier the disease. And when the first expension at a began to be specie with it some cases of tem erary ourse were repeated, such as in the last tem tury. Ewart and others met with partial and temperary heat aged come concer of the manua from the restricted applicate or of surface in acid gas. We had a intunt with iderated mirringina of the crevia nters in the hospital a few years ago, whom we treated by the savasional application of freezing prixtures to the 6s. These generally relieved her term, and seemed to check the ducharge, and nimes the nicer partially contract and heal up for a time. But alceration soon set in again, and the condition of the rationt speed by get as bad as Yet resultive the application of a refrigerative mustare before. might prove a teachil adjunct to our means of treatment, and workt be much mere frequently and regularly employed if we could get over the one great objection to its me which her in the disherity if its application. At present the method employed is to introduce a space ulum into the veg na, and through this to made to the or after, or a mushu bag, a freezing mixture. The maxture most commonly employed consists of two parts of ire to end of estimain salt. The me must be penaled or bruned, and when transmidily mused up with sail in the propertion I have just stated, and applied in a newfile lag to a part for a cretain length of time, the circulation there is degrated, and the part becomes cold, pale, and descended. This conditions remains for a short while after the removal of the bag, and then the parts gradually return to their presents consisting. It chain with simpler and more manageable method of applying great cost may yet be derived. and if this do happen, it may prove a valuable boom. For we know that the application of ice, or, to speak more correctly, of a temperature at or below the freezing point, to other parts of the body, has the effect of temporarily alleviating pain, or temporarily inducing an insensibility during which some of the slighter surgical operations can be performed without causing any pain to the patient. Thus I have lately seen two gentlemen have each several teeth extracted without pain, from having their gums previously frozen. One of these gentlemen, my friend Dr. Small, from whom seven teeth were extracted after a stream of water of a temperature of from 10° to 20 Fahrenheit had been for some time allowed to pass through a thin metallic box accurately fitted to his gums, certainly made very wry faces during the operation; but he explained afterwards, that the contortions of his countenance were not excited by pain, but by the mortal terror he was in at every application of the forceps, lest the "grunch" which he distinctly felt would be accompanied by pain. If, I repeat, we had some sumpler means of freezing the os uteri and other parts affected with cancer more easily, we should more frequently perhaps have recourse to this expedient. As yet our only means are only a source of irksomeness to the patient and of difficulty to the practitioner. It has always seemed to me that solid carbonic acid applied in a caoutchough bag, or otherwise, and mixed perhaps with ether, ought to be the most convenient and best freezing agent for producing local ansesthesia in the practice alike of the dentist, the surgeon, and the acconcheur, and that we may find some easy means of applying this to the os uteri : but I have not yet been able to obtain the acid in the solid state, so as to have an opportunity of reducing the theory to practice. Patients with cancer of the uterus will often require your medical care for other forms of distress and suffering than the mere local uterine pain connected with the disease. They have sometimes their sufferings aggravated by a tendency to constipation, particularly when they first begin to use opium, which is kept up in the later stages by mechanical obstruction of the bowel from the spread of the carcinomatous deposit. Gentle aperients, or what often serves better still, mild enemata, are required under these circumstances. In the same way the bladder is apt to be irritated during the progress of the deposit, and you will find it occasionally necessary to relieve the symptoms of dysuria with infusions of uva ursi, buchu, &c., and with the addition of alkalies or acids, as indicated by the condition of the urine. Besides the secondary or sympathetic pains which may spring up in different parts, and of which I have already told you, occasionally demand for their alleviation local anodyne liniments or plasters, or even the injection of a tew drops of the watery solution of morphia into the subcutaneous cellular tissue of the affected part. Occasionally you will find that they will disappear after the application to the ulcarated surface of the cancerous uterus of slight caustics or sedatives, such as a solution of nitrate of silver, acid nitrate of mercury, and the like.

2. Menagery coloubered to never the amount of the see home. Make there are other indications which require to be followed by a force of the alleviation of pain. There you will sentering to extend are a fine check and counterart the hermarlage wants measurable compressions excessive and extraording a view or part flower expression and order malignant diseases of the server ofter. In these was a base many tertificial, their walted veneral as easily the body towards the sportage of the rapillar and merely corresponded by radiating layers of earthogyt looking colls, as shown in Virchow's incident as the above is of this as From these wastle, which are very hable to covery sending floodings readily occur, debilitating and discensive the paratic wind would not be an rapidly worn out by the decays if we bright always manage to arrest thom. Such a flending, let our again report, in other the first avoidant that attracts the patient's todays. It is not be quently to recur in some cases, rapidly running and running down the patient's health and strength, and not infromently tracking the more immediate cause of her deutli. This bleeding, therefore, we will often be called upon professionally and practically to abute and sarry), and as one means of attaining your object you may measureally require to have recourse to plugging of the vagua. Hat a mere ring of lint or sponge will not always suffice, you will sometimes have to medicate them with some agent which has the property of coagulating the blood. Some have recommended the usu of a concentrated trecture of iodine as possessed of this property in a ligh degree. Inthers have spoken in favour of a strong winter of natrate of wiver case it has usually been proposed to apply the medicaments through a speculum introduced into the vazina, and pushed up to the corvix But when I stated to you in reference to the diagnosis of otering cascer, that the speculum was a useless instrument, I should have added also that it was a dangerous one, for coming in contact with the vascular mass it almost necessarily excites more or less homorehade, at aurravates it when it has already been established; and we came very important point, if, in the application of our styptics, we can depense with its employment. We have two remedies, the application of which is easy, and in almost every case is perfectly pufficient than of these is tannin, which, when applied in the fair of a fine proving through a small tube, or mixed on in the form of a medicated persary, serves as a valuable means of congulating the effused blood, and thus preventing the further flow. Matrix and other versiable astrogent washes are useful merely in proportion to the quantity of tasmin which they contain. But we possess a still simpler and sires styptic in the perchincide of iron, which I generally use as made at my any. gestion by Messrs, Duncan and Flockhart, druggets, described in glycerme. A saturated solution of it in glycerice is more adhesive to the surfaces with which it is placed in centart, than the schitch of a in water. Perchloride of froh was proposed as you know, by some physicians and surgeous on the Continent not very long ago, as a preparation which when injected into the sac of an ancurism, or the eavity of a various sem would produce congulation of the blood in them and so I ad to the permanent cure of these morbid states. For storping the here release from leech butes at is the best and readiest agent we per car and for arresting the bleeding from small orifices over an extended surface such as exists in piles, I know no better 1 _entleman in our profession, for whom I have a very high regard told no lately of the great success which had attended its use in his own wife, who had long suffered from internal hemorrhoids. which for mently came down and bled to a great degree Six months ago she had a very bad attack at a time when her husband happened to be to an home There had been much hemorrhage, and she was raduc d to great weakness and faintness. Though the wife of a ductor the was one of those ladies who have a great and salutary aver on to seeing doctors professionally, and so when she sent one of the members of her family to ask me for something to relieve her. I sent sumtly some perchloride of iron in glycerine with instructions to apply it on a race of lint. The bleeding was checked by this means at once, and her symptoms relieved, and, what is better still, the hi morrhage has never since returned. In connexion I say, with hemorrhages from the uterns, it is likewise a most valuable agent. and may be applied in various ways. It deliquesces very readily, so that it cannot be kept and applied in the form of powder, but it may be made up for use into a medicated pessary. I apply it most frequently, however, on some lint or on a piece of sponge, to which a string is attached for its easy removal afterwards. Introduce a piece of sponge or lint partially dupped, or rather wetted in its centre in glycerine saturated with perchloride of iron into the vagina, push it up to the os utern, and leave it there for twenty-four hours, and usually you will find this result, that the bleeding is completely arrested and there is no recurrence of it for a time. I sometimes see a patient at present in whom the hemorrhage from an ulcerating concroid of the cirvix had been allowed to go on for three months. under the plea that it was only an ordinary menstrual discharge of unusually long duration. Taily in my attendance upon her there occurred a sudden and profuse drain which rendered her almost pulseless. A sponge was applied, steeped in the solution in the manner I have told you which at once put an end to the bleeding. There has been no recurrence of hemorrhage from that time to the present -a period of three months, but the disease is progressing in its fatal course and lately has perforated the bladder, so as to allow all the uring to escape per vaginam

Measures extend the Incounteract the Opensereness, do. of the one limit Is constraint Includings.—Another symptom which you will countinues had at necessary to do comething to relieve is the fortid and action and is shadarat. The odour it exhales is occasionally alterning to the last degree, the very breathing of it fevers the

patient, and therefore the distance must be include the color consiste a spectral was four and expensively to be empty the effectives of a risk entrancial by the frequent min thought a west that is of the told a conin the property a of a gram to the new out water or was the grains may be applied to a maily to the first a resolute decimers Or you may endeavour to fulfil the mid and it we we have affecting to a if in the two cases in the hospital of using the series containing from three to ten grains of M Ibangali a doublection of which this think is rising powder was discovered, not by Mr. Mileogail, but in the Andrew Smith, the late direct r of the Army Maxied Issue toposts It contains, I believe, as its active ingreliants sackenes substite if magnesia and lime, with the addits it is not per cent of curtolate of lime and has the property I prospetating all fixed and decomposing annual matters in full waters on. When applied here in the firm of a passary or liture it is if great use is relied to the odone, and server at the same true is a cleansing as I sup actual application to the ideciating author

Hometimes the vaginal discharge in cases of caregoon's uter by the a long period, watery and serous without offendistance are actually forwe akening and detrimental from it, areat abundance and on machine This occurs particularly in instances in which the illumb has a warty or cauliflower character. Such nationic gross nates measure to ave many naukins each day in order to about the each early service it charge as it escapes from the various. In these cases the abstraint and arrest of this profuse and debilitating drain few mass were made an important in lication of treatment, but it is an in heating when it is by no means easy to fulfil. Sometimes the assolutions and repeated use of astrongent vegetable or mineral injections has the desired effect. More framently their effect is only ofther very partial or very tensor rary. In order that they may be successful you generally require to change every few days from one astrongent to another -- as from a sekt tion of tannin, or from a strong injection of oak bark or grown ton, to a solution of sulphate of rane or sulphate of alum, one of the least irritating and astrongent of all-being a solution of the so called also minated iron or sulphate of alum and iron on the resolution of thise or four grams of the salt to the onnce of water North Catheren I. . . astringents answer more effectually if the patient analy train in the form of a small plug of sponge dipped in the fluids or solutions

In all cases of carcinoma utori, accompanied with declarage, due cleanliness and frequent ablitton of the external parts and hower per tion at least of the vagona, is a matter of moment with the view of obviating the disagreeable and irritating effects of the acrost fluid which is passing over them, and adds greatly to the construct of the patients. Sometimes the increase membrant of the expects and the airrounding skin can be protected much from the critical and effects and irritating discharges by the free application or increases as their ments after each use of the bid to a life each washing. If past parts

of glyceane and simple ointment, or of glycerine and olive oil, or of

lime-water and olive oil, often answer this purpose well.

Before I conclude these observations on the palliative treatment of carcinoma uteri. I must add one observation lest my iemarks may have misled you so as to make you too officious in your management of your cases. Do not unnecessarily oppress your nationts with the nimus cura medicina. In instances where the pain of the disease is not very great, nor the bleeding or discharges at all great, von will perhaps only aggravate the one and the other by unnecessary and meddlesome local treatment. You will frequently find cases of uterme cancer, particularly those of a slow type, go on better without any local treatment at all than with it. Such patients are often hapmer and more comfortable when cleanliness merely is duly attended to, and nothing special in the way of treatment is attempted or done. Reserve the palliative and local measures I have spoken of for these cases—and they form a large class-where such measures are really called for by the severity of the attendant symptoms. - Med. Times and Gazettte, Jan. 22, 1859. p 77.

136 —MEDICO-CHIRURGICAL USES OF VULCANISED INDIA-RUBBER.

The Medico-Chirurgical applications of caoutchouc air-bags are being again brought under the notice of the profession in this country; but the merit of originality belongs to M Gariel, whose proposals appear to be ingenious and practically useful. We believe that our readers will find the following extracts from M. Gariel's Mémoire, translated and sent to us by Mr. Jardine Murray, of Brighton, to be interesting and instructive. The woodcuts are selected from among M Gariel's illustrations.

Fig. 1.

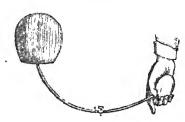


Fig. 1 though how his hay which may be used either as a pessary in displacement of the aters the apply in uterial humarrhage or as addition of the vagina

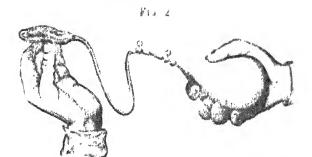


Fig. 2.— A similar not have of larger size in home representation to a collegend of execution as which it amplit to be introduced. The crossite as tray or independent is, the requests askent by compressing the insufficace which is represented in 2014 in the right based. A built valve syrings may possibly be found problem in the long insufficient horse represented.

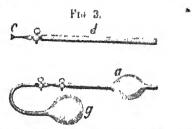


Fig 3 —This figure represents M therind's application for dilecting strictures of the unchara compliance, corries ment see, in the colleged state they both as assembly to be detected. To findilistic introduction the time is tide-of sents or wave septement which is withdrawn when the end of the apparatus has been control good the effective distribution of interest of the effective distribution of interest of the effective distribution of the body, and the body, as there is distributed to the necessary degree. M Caracle inquirious chapter in this surger will analy repay personal.

"APPLICATIONS FOR DILATATION.

P. 35. B. AIR SOURDS FOR THE DILATATION OF THE VACUEA AND CERVIX UTERL.

"186. The sounds with bulbs applicable to the dilatation of the vagina and corvix uteri, most alike the bulbson spends sirearly described,—esophageal, utethral, &c., p. 33 be introduced empty of air

"187. The continuous and progressive dilatation which may be obtained by insufflation, is so powerful, that all congenital or acquired strictures of the vagina must give way before it, unless those latter be complicated with extremely hard cicatricial products (tridles).

"188 Their application is easy, however great the degree of atricture since a sound 3 millimetres in diameter, may readily be made to produce a dilatation of 2 or 3 centimetres. It may be necessary, however, to use sounds of various sizes; but it is only after having employed the smallest sounds that the larger sizes can be used.

in 149 Might not this property of the bulbous air-sound be turned to advantageous use in inducing premature labour in cases of deformity of the pelvis? Ne pourrait-on egalement tirer parti de cette disposition des sondes à rentlement pour provoquer prématurément l'accouchement dans les cas de vices de conformation du bassin?)"

"H.EMOSTATIC APPLICATIONS. P. 41. A. AIR-PLUGS.

"219. These plugs consist of a caoutehoue tube, terminated by a bulb which is searcely noticeable when empty, but is susceptible of considerable enlargement when distended by insufflation. (See fig.)



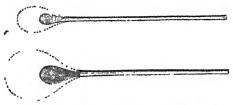


Fig. 4 — Air base, of various sizes, for plunging or dilating the vagina, cervix uter, need to see κc . The dotted lines indicate the purphery of the base when moderately distended by oir

"220. They are applicable to all cases and to all cavities in which it is usual to resort to plugging.

*221. They are unalterable, and may remain in position during several days without undergoing the slightest decomposition.

"22. They apply themselves exactly over the parts which are the seat of hemorrhage.

"223. Their volume may be diminished at once, or by degrees, without producing any alteration in the shape of the apparatus, or any folds in its walls; the blood cannot, therefore, escape through one of those longitudinal folds which always exist when any amount of air is withdrawn from a non-elastic bladder.

"224. Should the hemorrhage reappear from their volume being too soon or too rapidly diminished, they may be reinflated with the greatest case.

"227. These plays may be made of vulcanised caoutchouc, or of rabatchouc imperiently vulcanised, which latter I prefer in this special instance. When made of vulcanised caoutchouc, their walls are too resisting to allow of their being dilated otherwise than by an insuffacion, and I would rather avoid the necessity of using an instrument which may have been frequently and which at all events renders the

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 Heades, in cases of hemorries a there is all think pulmonary mand that may be more an artificial insufface, can be

and admin that they may making he earned in a

nutuitle for the saction, are of larger non-those market for-

date are always and envendable, expect to Blooding may always be unused about detected a polyma, encert det, or when it exceed det of pregnancy. There is once one exceeded on uters is exceedingly dilatable, as after per

as, if, after the application of a mag to the oterine cavity, the flow of blood have been a to infer that the immeriance is necessarily unorthago might be going on, and if mattended stacrious accidents.

certain that this would occur. It is question signs being hermatically orcholed the hierarquantities to till up the dilatable cavity of the dilatable cavity of the dilatable cavity of the dilatable cavity or an interference occlusion of the vagina whole have been curate occlusion of the vagina whole has of a lid suspend the hemorrhage after the loss of a lid without it being mee sary to apply direct in from which the hemorrhage originates.

experiment proves how easy it is to produce f the vagina—I take a function a quarter or in the upper and empty portion of this I place insuffiate until it presses against the wall a invert the further the mater contained in

n invert the tambler the water contained in int remains completely shut up, although no etain the air plug in position. This precusely place in plugging, and shows the action of the sing the escape of blood. It is further worthy ly does the camtchour adhere to the walls of sulling the tube attached to the air-bag, the d; and the result is the same, whether the affiled, and whether it be cylindrical in shape, class.

of these air-plugs we may entirely central all ansal forces, a circumstance explained by the latt is necessary to be careful that one reach as far hack as the pluryox, for, actions aught continue to flow into the casplagus prepared for a symptom which may accur when stended by insuffation. The patient complains

of a painful sensation at the epigastrium, he grows pale, and the forehead is covered with perspiration. These phenomena continue as long as the plug preserves its exaggerated distension, but disappears as soon as a little air is allowed to escape, and the volume of the plug is reduced to more convenient proportions. To what cause may these symptoms be attributed! Partly, no doubt, to the fact that the air-bladder, by its excessive distension, occludes simultaneously both the posterior openings of the nasal fossæ; but the symptoms of dyspacea and of threatening suffocation are probably not entirely dependent on mechanical obstruction to respiration; there is reason to believe that they are in great measure due to compression of the par vagum.

"234. Whence the important precept never to carry the distention of the air-bladder to excess, and never to leave the patient immediately

of the air-bladder to excess, and he after the application of the plug."

Those who are interested in the matter will find the various applications (compression, dilatation, confinement, plugging, &c.) of the vulcanised caoutchous bags further referred to in the passages indicated by the following references:—

Gazette des Hôpitaux, 1849, No. 141. Gazette Médicale, 1849, No. 45. Lancet, Dec. 1, 1849, p. 579. Brit. and For. Review, Jan. 1850, p. 269.

-Med. Times and Guzette. July 16, 1859, p. 64.

137.—Hydrocephalus.—[At various times tapping for chronic hydrocephalus has been tried, but very rarely with success; we have done it in two or three instances ourselves, but always without success.]

The statistics of the operation have been carefully considered by Dr. West, and the subject has been investigated by Dr. Battersby, of Dublin, Dr. Winn, and others, and all agree in the opinion that tapping is useless. The per-centage of actual cures, as compared with the deaths, is exceedingly small.—Lancet, Dec. 25, 1858, p. 654.

138.—Constipation in Children.—Wherever, for the last few years, I have uset with obstinate constipation in infants, I generally succeeded in giving speedy and full relief, by ordering some sweet sugarwater to be taken every day, besides the breast. I am satisfied that the chief cause of constipation in nurslings is the insufficiency of sugar in the breast-milk, the proportions of which are naturally not the same with every mother. Wherever caseine exceeds the proportions of the other parts of the milk, it becomes indigestible, by a relative want of lactic acid in the contents of the stomach and intestines.—Dr. Jacobi, in New York Journal of Medicine, Sept. 1858,—Dut. Hospital Guette, March 1, 1859, p. 79.

MISCIELLANEOUS SUBJECTS

120. - A TEMPERATE EXAMINATION OF HOMOBOLATIES *

No. IL .- The Principles of Homosparay, with a pass HINTS ON THE NATURE AND C'THE OF BESHARE

By W. Buarrawarre, Esq. Leola.

In our last volume we emleavoured to explain "The frace and Provings of Homosopathy." We will endoavour in this, carr with volume, to point out the Principles of Homography, and do a that these principles are inconsistent with the true priorigles and practice of medicine, and dangerous to be trusted to when analyst to the hearing of direases. We wish to examine this address in a fair and termperate way, so as, if possible, to convince even the homespeaks by fair and simple arguments, how inconsistent their money is are with the modern science and art of modicine. We wish also to any that we only state our own views, which may probably differ from the views of numerous other medical practitioners. If any one, therefore, see fit to answer this pamphlet, let it be done by fast argument, and in a proper spirit, by keeping to the point, and not by flying off to other questions.

In our last namphlet we asserted that the homospaths used what are called dilutions in mixing their medicines, and that each dilution was represented by adding two ciphers to the original unit. Thus the first dilution of a drop or grain was the Hanh; the second dilution the 10.000th; the third, the 1.000.000th; the 20th, the 1900.000th 000,000,000,000th; and the 20th, or decilionth, the 1,000,000. 000,000th part of the original drop. We undeavoured to show that the Atlantic Ocean does not contain a decilion of drops, and that the physician might just as well drop a drop of laudanum or any other medicine into the sea, and, after being well mixed, take a few design out and give them to his patient.

You frequently see in homosopathic writings that the billianth of a drop was used. What is a billion i-a million times a million. No man could count a billion. If you counted two hundred in a minute.

^{*} We hope that our professional friends will excess the putstion style in which this areast is written. It is not thely that tim puritie rands indermand the output if westen arms in window. It is not noticely brack and makes maked independent the entered if weether in any other may. Our object being to mighter, the public on some of the energie have or principles of medicine, in order to enable them to precive the course of histomeopathy, this article will be published separately in a close form, and may be obtained (as well as the proceeding pumphint. On the irress and Provings of Hospitalization for well as more year price from our publishes from entry includes the Runglish of the London. D. I. Section.

Protect, levels, or through any brokenies.—No. 1 and solution, Price pld., or in the few for the Price kin, or the first for the first form.

this would be 12,000 in an hour, 288 000 in a day, and 105,120,600 in a year,—it would take 9512 years, at the above rate of 200 a minute, to count a billion! And yet this is only the 6th dilution used by homeopath viz the 1 000 000 000 000 tho fa drop or gran. Some, however will dilute their drugs to the decilionth 1 int of a drop. This no one will or can drug. It is a fact which any one who reads their writings may prove for launcif. No man, we say, can count a billion, much more difficult would it has to count, or even to comprehend a decilion. We give the following figures which will show the various dilutions of homeopathic ned cares, so that they who practice this art may know at once how much of the original drop of medicine is contained in the mixture which they are giving or prescribing.—

> *Війся тійга* (хоосохоососко,соосос.

Now this puts the practice in so absuid a light, that the homeopaths try to get out of the dilemma in all kinds of ways. Some say they do not depend on doses others say that these infinitesimal disease are rendered powerful by shakings and trituidions Halmemann believed that infinitesimal division of drugs produced a real spiritualization ' Long triturition," he says, "if carried very far will make the drug quite unquiernable" In another place he says, "by the succussion and trituration employed a change is effected in the mixture, which is so incredibly great, and so inconcervably curative, that this development of the spiritual power of medicines to such a height by means of the multiplied and continued trituration and succussion of a small portion of medicinal substance deserves incontestibly to be reckoned among the greatest discoveries of this age "-(Lesser Writings. p 315 : Bit this, if possible, is outdone by Dr Mure, who is described as the "Apostle of Homocopathy" The disciples of his school were obliged to subscribe to the following article -"I believe that all substances in unture, even those regarded as the most mert, possess the power of acting on the vital dynamism, because all contain a spiritual principle which they derive from God."-(Brit Journ of Homeopathy, vol. vii, p 535 See Dr Sempson's Work, p 23) We think it must be this vitid d mannera which is alluded to by Dr. Craig in his late pamphlet, but as he has only slightly alluded to this extraordinary power, we hope that he cannot hold such a foolish theory He writes, however, of the "dynamic or net d agents" with reference to homosonathic medicines in such a way that one cannot wonder that those who call themselves His + pathode, "mour (as he confesses) the enmity and ridicule which the very name provoke,"

Another mode of accounting for the power of drugs or rather another mode of communicating power to trem, is by Infection Halmerman in his Thomas Ventury, says, This much is deducible from

Romakoff's experiments, that since a single dry globale minited with a high medicinal dreamouth a contaminated to it only involvable abbits with which it is shaken for five mention necessary process falling padde with the master challeng it is not ranguage inclusion of power itself it we institut this mayolf in our name at a taken place by means of troumity and contact and can be at for formal searing a strong recent lance to the infects in a matter, we have a forced as a brought near or in contact with them. — force the range process we need make no comment on this extra places there;

We need make no comment on this extra places there;

We leave

every tean of exmissi soom to think as he lists if it

The way in which other homosopaths defined the refinemental dissesystem is sometimes earlier. Our of their last work, in is the Thatagon's in one of his letters, in defending the mannescent describe wave. "Calculate the quantity of matter you bear our the ground in a fixeunde walk, which shall reveal your track to your ways, carried, the weight of the musk conveyed in an inforces fallet that wealt make a consitive lady front the quantity of operacoanha that encapes from an on corked bottle, that shall give some Manyperaris individual a fit of asthma, the weight of the edwir from a rose, that was wont to make an enment cardinal awoun, the cubic contents of a fit if anger that shall give your trascible neighbour the januaire," die - Med Times, 1850, p 665) We cannot perceive that this is any argument to prove the value of efficacy of an infinite anal if we of laudamain a m divide a drop of landanum, so as to get the fibit partageorization, end, suggest or the tenth dilution, but how can you would or decale a smell or odowr, or measure a fit of canger? The thing is ridiculous, and very reductions to defend infinitesimal doses in such a way. And even if you could verify a smell, we suspect the couse and effect would correspond, in the same way that the light of a star, which we see at an inimense distance, corresponds exactly to its size, distance, and quantity of light. There might be a little more argument in Ur. Indgeon's illustration, if he had previously proved, as facts, that the dog had traced his master from New York, when his mader was at that moment on the Rocky metadains, or, that the specimentalis escaped from a bottle at Bonday, and gave the action to a member of his family in his own comfortable boose in Portable to that the olour of the rose was contted from Pekin and struck down with its odour the cardinal at Home. But even these efforts would be unit milicant when compared with the effects of the highlight intribute sunscential of a drop of landomen in dispuss.

Now that the modern homosopath has get houself into the relientous dilemnia about his small doses, he begins to back one of this difficulty, and to say that the prescripts of his creed have reading to do wish small doses, that he can give any down he likes without violating his principles. It is the that the principles of a science are very different from the practice and that the principles can be worked in different ways either well or ill. for chample, a rail a may work the principles

of astronomy very hadly, and wreck his ship another may work them well, and arrive at his port safely to one homotopath may work his principles by small doses and another by large doses and although each may work his principles well or ill, neither may really violate his principles. But how is it when the home spaths repudiate these ridiculously small deser-such as the I (NA) (NO) (NA) (RAth billionth) of a grain or drop of cocculus in colica menstruths, or the 1,000,000th ione millionth) of a gram of ipecacuanha, or the 10 000 000th (ten milhouth of a gram of bellad mna, or the 1 000 000th of a grain of bryony, or the 100 000 000th of a diop of aconite, or the 1(x) (xx) (but of a gram of phosphorus—that these are the very doses much by Dr Fleischmunn in the Vienna Hospital, on whose reports the homeomeths lay so much emphasis and spread these same reports far and wide as specimene of success? Here we can convict the homeopath of throwing dust into our eyes. He says "We do not depend on these ridiculous doses, and in the next breath he says, ' Look at the success of homeeopathy in the Vienna Hospital-we cure more rases than the allopath by our made of treatment " The contradiction in these two assertions would be very unlikely to be found out except by one who examined the medicines and doses used by Dr Fleischmann We have done so and found out that the socalled cures were said to have been performed by the doses we have just mentioned We assert, therefore, that whatever the homosopaths may say to the contrary, they do give and do depend on these relieves down however they may deny this to the public. We must look to their published writings for an explanation of their practice and not to what they say privately our friend, Dr Sharp, of Rugby, in his pamphlets, frequently allules to these infinitesimal doses and says that he himself most frequently uses the one millionth of a drop, but has seen good effects from the 1 000 000 000 000 000 000 000,000,000 000,000 (MA) (MA) (MA) (MA) (MA) (MA) (MO) (MO) th of a grain or drop When we occasionally heard it asserted by the homotopaths, that these doses had nothing to do with the principles of homeopathy, we at once referred to their practice in the Vienna Hospital, and found the cases almost invariably treated by infinitesimal doses. We were, therefore, greatly surprised that the homeopaths regulated in a great measure, these small down, and in the same breath extelled their good effects (The only excuse we could find for this contradiction was that they had not studied their cwn standards and merely took for granted what other people said. The reader will find a full report by Dr. Balfour of numerous cases treated in the Vicina Homoopathic Hospital by Dr. Flewchmann, in the British and bereign Medical Review for October 1345, p. 367, in which report the dilutions of nearly all the medicines used are accurately noted. Amongst numerous other cases catarrh and broughtrs were treated with the linitial court of a grain of sulphur, and with tringingth of a grain of acouste spasm with the Lifett,

000,000,000th billionth) of a gram of ignation, once daily. We would go on multiplying these instances, but we have said opening to so, m that, when a homocopath denies or repudiates those religious doses of medicines, he is not supported in his assurtions by the heat western of his own school, they are nearly all against him. The Presention. therefore, of homosopathy and the Practice are necessarily two distinct things, but the practice of himseopathy revertheless is based on the most ridiculous and absurd deses of medicine ever invented and now that the thing is exposed the homesquart is begins ug to be ashanied of it hauself. To such an extent is too in moderates, down system carried by some, that he flatfour states, that in Victoria "one practitioner often contents lumself with abowner his seasont to amell the remedy, waiting patiently for abus weeks at we for the completion of the cure not even paranting a wound spirit. Habou mann, we are told, did the same and one is it "having been subjusted to this process present the few hat re the charact a more and then we replaced it in her pocket." (Dr Lee's Homewanter, pp 7, %.

Our chief object in this pumphlet will be to examine "The Frinciples of Homeopathy" but, before doing so, we will first explain a little more at large than we had room for in our last pamphlet, our objections to the way in which the homeopathists endeavour to gain an advantage over regular physicians and surgeons. We blame no one for differing from as in opinion, but we do blame any man for endeavouing to spread his

opinions in such ways as the boncemaths ad pt.

It has been one of our greatest pleasures for the last twenty years to take almost daily notice of the progress of medicine in the various medical works which have been published. We have generally emitted noticing the errors of our fellow practitioners, for obvious reasons; at present, however, we must deviate from our general rule, and notices some of the errors both of doctrine and practice which have crept into our ranks. We shall endeavour to do this in a temperate way, in that none may find fault with us on this head. If a little humans a ridicule occasionally escape, we hope that people will take it in good part. We shall mean nothing ill by it, our object will be chiefly to defend our noble, humane, and scentific profession from assaults which have been lately made against it, more in a rule than in a scientific and gentlemanly way.

Few sciences or arts have more improved than has the Sausce of Medicine within the present century. But its career has been silent, and unobserved, except by the medical practitioner. We need not refer to the various improvements in the practice of Surgery, such as operations on the eye, restoring lost parts, such as the month, the palate, amputation of limits, taking out diseased prints and jetsing the limbs together again, caring club-feet and all kinds of defronties, treating ancursus, by compressing the artery and without tying it, curing hernia radically, so as to save the use of a trues, and prevent

the risk of strangulation operating on the strangulated berms without opening the sac, and innumerable other improvements, which every well informed surgeon is aware of We will more particularly refer to the improvements in finding out and treating internal diseases, and then ask if the modern science of Medicine deserves the "nick-name" sometimes given to it of "the old system" In our ommon there are no sciences or arts more new or medern modern practitioners of medicine by no means go by the old ideas. which are sometimes unjustly quoted by homeeopathic writers in disparagement of living practitioners. Among modern improvements we may enumerate our increased knowledge in all diseases of the nervous system, viz., dehrium of all kinds, convulsions, and paralysis discusses of the chest, which, by the modern improvements in an enitation we can accurately distinguish the one from the other. foretching from the nature of the sounds the progress of the disease. and its results to the rationt, diseases of the kidneys, which have become in ich more clearly understood by means of chemistry and the microscope, diseases of the liver, which, by the microscope and testing the urme we can much more accurately define, diseases of the blood also have become more intelligible an I amenable to treatment, besides many others which we have not space here to mention. Whatever homosopath, therefore, alleges against the modern practice of medicine, that it is the "old system," is evidently no reader of modern books, but of old ones. He is being left behind by his reading competitors, and trusts to the knowledge which he has picked up in days long gone by, when a young student under what he would call "the old school"

If he had even turned to one of our last Retrospects, vol 38 and 39, published only twelve and six months ago, he would have found numerous articles by different writers in nearly every one of which there is some new and improved idea and method of treating diseases. He would have found something new on Cancer, Rheumatism, Scarlatina. Myalgia. Neuralgia, Totanus, Nævus, Asthma, Diphtheria, Pneumonia, Diabetes, Unic Acid or Gravel, Chloroform in Labour, the Womb, Ovarian Dropsy, Diseases of Women, Carbonic Acid as an Amesthetic, with numerous other very interesting observations. If, moreover, he will turn to the present and several preceding volumes, he will find recorded every year nearly 300 suggestions and some decided improvements in the theory and practice of medicine, by various authors—some very valuable and remarkable improvements.

We mention this in order that the public may give due credit to the progress of medicine, and not be led away by homeopathic writings which attempt to mislead people to suppose that scientific medicine is at a stand-criff whilst the homeopathic system is said by them to be advancing. We shall see as we go along, whether it be honourable and decorous in homeopathic writers perpetually attempting to impress upon people that theirs is the new system, whilst ours is the old system. We have been particularly struck with this unjust nick-

name given to regular physicians of high character and long there's in their particular localities, and we would recommed the no comparation in the wishes to gain any request to depend on the execution ledge, and not to make telections of an inprince and impose there are on gentlemen not to be surpaised in practical families and success

It is another great must see to call a regular or talk not so one; tific practitioner of medicine, an ellepeth, or othereth. It is another and name which no right um led man eight to give to mother Tie homographic has given himself by non-common and the science be notice take it, but there is no such person as an allogath or as regard to regn lar mactice. All paths which we avail not in preference to make all ye and littles the inclined of opposing mature as har offers. But then in section of anyone. Another meetake must by histographs, and a moved word to able one cannot be made, is to deprevate, they are just to on in the est; mation of the public, by attempting to threw it will in the cracking of me heme alouted by other prophe always a regions, the one in water Tribing holes in other people a courts and making thris as resent as the sible—they advoitly droplay themselves in their own new drops. It a have been particularly struck with the way in which they bave made extracts from the writings of regular thransans, wearly always selecting their candid confessions of failure in certain cases, and never exhibiting the other and brighter sale of the question, vy. whire they have succeeded, or perhaps they have selected passages from books so as to make the science of medicine as objectionable as possible, but the maccuracy of which the unprofessional reader camput perceive. What would be thought of a clergyman, educated at Cambridge or Oxford, and having received his degree and boasens there, and been ordained by his Bishop,—who seeded from the church, and not only stated that there was no way of salvation within her pale, but who took every opportunity (although still possessing, and being proud of, his degree of A M, or D D tof tank ag all sorts of fatels. with the college education the principles taught, and the retigned entertained, especially if his above of others was suspected to add to his own pecuniary advantage, -- would be not be con by his former associates! Or what would be thought of a provision dealer if he assued placards and advertisements that he had found out un improved method of preparing flour, that all the flour in the town. except his own, was plultorated with an inferior article, and turneline contained poison in large doses, -would be not also be not by his fellow tradesmen ! So it is in our profession. We nied no fault with people entertaining different opinious, but when we see all knows of ways of making invidious distinctions between their wifes airl others. mixing their medicanes in particular ways an as to be something men, publishing and asserting that regular physicians exhibit sociation in large and poisonous doses, with various other ways of gaming notice, we think it derogatory to a respectable and learned trafficial

But it is particularly unfair and untrue, to allege that regular physicians employ strong poisons as inedicines, and give such large doses that the constitutions of their patients become injured,—whereas they, the homocopaths, give such small doses, that all this danger is avoided. We must assert that all this is a system of proceeding highly discreditable

We could disgust every one of our readers by telling them of some of the remedies which some homosopaths use But we consider that these remedies are used only by some, and can be no proof of the general practice of the body. We should not think, therefore, of using these prescriptions in an argument against homogopathy neither is it fair in the hom conaths to pick out some of our most objectionable old prescriptions from old books, and bring them forwards as specimens of what they call the old system, without at the same time candidly telling the public that this kind of practice has long since passed away from the ranks of all well educated surgeons and physicians. As an illustration of the way in which the practice of regular physicians is shown by the homosopaths, you have only to turn to the pamphlet of Dr Horner, of Hull, who states at p 5 -" Vegetable drugs, as aloes and colocynth, which had been administered even some years before, remained deposited in the system, producing a miserable and wholly shattered state both of mental and bodily health" But this is outdone by Dr McLeod of Benrhydding, likley, who states that "Such drugs as aloes were extracted tangilly and washed out of the compresses that had encircled the body at also made the patient's room offensive with the distinct vapour of aloes." (Ir Horner's Pamphlet, p 53) This is really too bad! We naturally read a little further, expecting to find the next wonder to be that this vapour of aloes had been condensed and again made into the identical family pills which the unfortunate patient had been swallowing, and that they were actually to be seen exposed as a curiosity in one of the windows of Benrhydding!

The medicines employed by modern physicians and surgeons are not to be called poisons, for when poisonous medicines, such as arsenic, opium belladoma aconite, mercury, &c, are used, they are prescribed in such small doses that they no longer act as poisons. It does sometimes happen that medicines act more energetically than was anticipated, but this is a rare exception, and it is wrong to take these rare exceptions and spread them before the public as the rule. The object of the homospathists is, we are sorry to say, a very discreditable one: it is evidently to excite the fears of people that they are always taking poisons when attended by regular surgeons and physicians—a very wrong idea in feed but one which we feel certain they are anxious to propagate. The public, however, may rest satisfied that the modern system of medicine in the regular ranks of the profession, is to do with as little and not with as much medicine as possible, with as midd, and not with as strong medicines as possible. The reader has only to

refer to the writings of Dr Sharp of Righy if the wildow to be consisted of the truth of these remarks. Amongst other though he work find in one of his Tract, a cool or remore to illustrate the many is which hot irons are prepared to be applied to the patient in each own cases! This engraving would remaid ance of the testure of the limit attorn, but how unworthy to exhibit these thin, a to the palm of order to excite their fears and projected. Why sample a respectfully man, like Dr Sharp whom we have known for thirty terms make use of fair argument, without first attempting is damage incoming means in public estimation. We might think it exceeds and well indicated near to do this is highly unworthy.

Another objectionable practice of the homeographs is to positive Statistical Tables, which, if not important are at any cuto me identify before the public as to mislead. For our own part, we think that these statistical tables may be fallacious, execut those of the Army work Navy, which must be the most correct of any statistical of this sold which are published. The error of these homographic falles is at once seen by reference, for example to the Phainston of the Levels Infirmary One homocopathic writer In Craig of Leeds, adverted that the per centage of deaths in all diseases in Horacogatose hose pitals is 5 % per cent., while in Allopatine hospitals it is 12 % per cent Moreover, this writer, in a feeble attempt to answer our first pamphlet (but which is no answer at all, publishes the errir at the end of his pamphlet, together with his account of the charts of the London Houseopathie Hospital, all of which had nothing to the with what he was writing about, but were placed there in the way of display. If this said writer had examined the Report of the London Infirmary for the last year, he would have found the following figures: "Patients admitted since 1787, 247 911, cared, 163,889; died; 8161 . relieved, 30,723." So that we have shout Ridl deaths sat of 247,911 patients. We make this account to give he per much of deaths, but making allowance for mutaken, we think that we may re! culate about 4 per cent, of deaths, and mad that we for Cran resents'

We believe all the hospitals of Great Britain will not oversee much above 5 per cent, including all accidents and dangerous autigical cases. One of the most dangerous operations on the hornain body is cutting for stone. The average per contage of deather after this operation is only about 13; so that if every patient when the into all the hospitals of Great Britain and Irriand had been cut for stone, as many would have recovered as Ir thing measurement from common and ordinary diseases.

We are unite aware that it is difficult at all times to acrive at a correct conclusion respecting Hospital statednes if we include out patients. It is very passible in such an hospital as Kirischmann's Homosopathic hospital, at Vienna, for the course to be adequated, as

we know to be the case. In general hospitals such as the vast hospitals of Vienna and Paris, only the worst cases, both medical and surgical, are selected for admission often quite incurable from the commencement It is obviously unfair, therefore, to calculate the per centage of deaths among the in-patients and exclude the outpatients both a and out patients ought to be reckoned. But here is the liftculty, it is easy to calculate how many die or are cured in the lospital, but it is n too certain when we refer to the out-patients. The calculation of the Leeds Infirmary is of both in and out patients as near as could be made. The statistics of some of the hospitals of Vicana Paris, and Lonion, and indeed of all in-patients of hospitals. show a much higher per centage of deaths, for the reisons which we have stated, but we repeat that this is not a fair calculation only respects the cases which are selected as the norst which apply for reinef and generally excludes the milder out patients, we believe. however that taking the whole to ether and including all accidents. and surgical operations, the average will not be above 5 or 6 in British Hospitals. In our next pamphlet we will endeavour to calculate this as well as we can Such an institution as the Leeds Public Dispensary, is, perhaps, as good an example as can be used to show the per centage of all kinds of cases, good and bad, medical and These cases are prescribed for in the institution, and the ba I cases are visited at their own homes, so that the register of deaths must be pretty accurate We find in the report for 1858 the following figures - Patients admitted since 1824, 111,100, cured 90,156; greatly relieved 5750, died 4476" This gives us 402 per cent. of deaths, a very different thing from what the homocopathists would wish the public to believe Dr Craig further carelessly states, that in Homeopathic hospitals only 57 per cent die of inflammation of the lungs, while 21 out of every hundred die in Allopathie haspitals We only request Dr Craig to examine one of the last official Army returns for the Colonies. Of 12 271 cases of inflammation of the lungs, he will find that only 413 died, this is about I per cent, and in some cases only 2 per cent, i e less than half the number which Dr Cinig himself acknowledges die in Homesopathie beautals! What therefore can the public think of Dr Craig's statemental In our last volume is an interesting paper on lithotomy, abstracted from the lectures of Mr S Smith, of the Leeds Infirmary: out of every a cases operated upon for stone only one has died; this gives as about 13 per cent If this gentleman had operated for stone on all the 247 911 patients admitted into the Leeds Infirmary for the last '13 years he would probably have had no more deaths than what fir true says take place from common diseases

We requested Mr Blakelock the Scoretary of the Leeds Infirmary, to calculate the percentage of deaths in that institution, and the following is his latter to the anthor—

International Internation

" My Dear Sir According to y or divers I have rate a court go a average per contage of Deaths is normal and superthe parameters to the up-Infirmary The while many? " I parents as, at I larve the see a use which have now clay order and translation of the contract on the contract 25... *17 annught with mith of these to a hard time? I he've a engine operation of 5 .. 7 per cers. During the next langer to the more of mentaling were percent During the last 1.1 years 14 las formal or an formal alight increase of the last hydres core the at but an easy is due with a for by the great mortality which occurs taffer declines on their great men mers of 1852, 51 and 54. If most be been to stand that them were ex include a large number of dentity fine ever me i sere not a fit means as many of the pan an dying within a few horsest who we we If there could be excluded the marrahes wall be all furrows contains the register is kept of the number of patients admitted to each charge some rately so that the per centage of deaths in passion is a country by security tained. I he wever, find that only four parents are settled in the dear book as having died from pure recommons during the fast too was "I am, dear but, very truly y ura

" Ann. Hank Hankburk Services

" W Braithwaite, Est '

We think this statement of Mr Blakelock's highly creditable to the officers of this noble Institution and will be grathying to its numerous subscribers. We hope also that it will silence the attential of certain individuals in Locals to cast reflections on the makery prefixed from the water prefixed the weather prefixed their would have seen better pleased to have had it proved that the practice had been very unsuccessful, and that 12 out of every hundred had died material of little more than three. We are aware that in all the hospitals at Vienna, there is very great finality amounting probably to what Dr Crug states. Why does he not candidly tell the truth to the probability and acknowledge that these tables do not refer to the Lospitals of Great Britain, nor to the Army and Navy. Why aloes he leave the public to believe that our own hospitals are included in these statistics?

We will now give the reader the words of Habitemann on the unit Principles of his creed, and proceed to make whose remarks on this

question

"A weaker dynamic affection is says Habitemann promise entity extinguished in the living organism by a stronger now of the latter, whilst differing in kind is similar to the furner in its unanforstations."

Again, "All the rapid and perfect cures that realize over participated were always effected by the supersection upon the old disease of one of a similar character"... Organism p 1465 I And hence he says "for this mode of procedure by Homoropally on have the sample of

untettered nature herself, when to an old disease there is added a new one similar to the first, whereby the one is rapidly and for ever annip 177) 'The stronger disease annihilates the lulated and cured weaker." 'p 145) In another place, he says "In order that the artificial diseases producible by medicines may effect a cure, it is before all things requisite that they should be capable of producing in the human body an artificial disease as similar as possible to the disease to be cured, in order, by means of this similarity conjoined with the somewhat greater strength to substitute themselves for the natural morbid affection, and thereby deprive the latter of all influence upon the vital force" (p 133) In order to accomplish the end above described certain medicines are to be chosen which will produce symptoms as sensilar as possible to the disease to be treated The homoeopathic mode of treatment therefore is that "in which there is employed for the totality of the symptoms of the natural disease, a medicine capable of producing the most similar symptoms possible in the healthy individual (p. 175) But in order that this medicine should be efficiences and more powerful than the disease, it must at first, for a longer or shorter period, produce an aggravation or exaltation of the symptoms of the disease and not their relief or abatement disease indeed ought to be made worse at first. The drug must first produce "a medicinal disease somewhat stronger or greater than the malady to be cured." (p 237) In other parts of his work, Hahnemann says "The similar artificial diseases excited by medicines are stronger than the natural disease ' The physician "produces a disease very similar but stronger" than the natural disease tive power of medicines therefore depends on their symptoms, similar to the disease but superior to it in strength" (p 126) So that a disease can be removed 'solely by one that is similar in symptoms and is somewhat stronger, according to the eternal unchangeable laws of nature" (p. 151) So that in a severe dangerous, and rapid disease in which life depends on the next few hours, and any increase of which disease must necessarily be fatal, the symptoms ought at first to be increased in severity A homocopathically selected remedy, Hahnemann observes, "usually, numediately after ingestion, for the first hour or for a few lours, causes a kind of slight aggravation (where the dose, however, has been somewhat too large for a considerable number of hours) which has so much resemblance to the original disease that it seems to the patient to be an aggravation of his disease. But it is in reality nothing more than an extremely similar medicinal disease, somewhat exceeding in strength the original affection" (p. 237.) Hahnemann further says that "the sum of all the symptoms in each individual case of disease must be the sole indication, the sole guide to direct us in the choice of a curative remedy" (pp. 119, 120.) ' By the removal of the whole of the perceptible signs and symptoms of the disease the sum total of the disease is at the same time to MUVEI It must be the symptoms alone by which the disease demands and points to the remody entred to sale year, and have near the totality of these its symptoms must be the proceed or successes whereby the discuss can make he was what remedy it requires the only thing that determines the charact the must appropriate massive agent, and thus in a word the ratify of the agency one must be the principal, the safe thing the playmout must or lake mate if in every case of discuse and to remove by means of he art. In 123

Now, when we read the above prontinger of home anthy, we are struck with two or three remarkable falleress which might mished any one who had not studied the nature of disease. The great ear it in these principles is to mistake symutoms for dissipar, the effects for the cause. A patient has a violent pain in the face it is called the deloureux-the cause of time is a decayed teater. The exceptones are the tic, the cause is the tooth. Another patient has a violent bondache, or dizziness from a loaded stomach—the headache is morely the symptom, the cause is the loaded stomach. To treat the care in the face by giving medicines which would resemble to would be allowan empirical mode of treatment, i.e. treating only symptoms - to extract the tooth would be eradicating the cause. To treat the headache is the same empirical way would be nonsense but to unlead the loaded stomach would be treating the cause indically. Another great error in the above dogmas or principles of homeopathy, consists in gape rating a more powerful set of symptoms similar to the discaso, in order to overcome the original disease. This is a dangerous error, and may account for the startling fact, that the homesquaths seem to have own siderably more deaths, according to their own acknowledgment, than regular surgeons and physicians, if we may judge from the statistics of the Leeds Infirmary

In order, however, to discuss this question properly. it will be mecessary for us to explain in as familiar a style as we can what are the modern overes of disease, which are gradually becoming better known; and also what we mean by a principle. As we go along, the reader will better understand how the hoursepath inistakes a principle for an art and a disease for a symptom. The following about on the nature of disease are explained in a familiar style, and some of them may be deemed not satisfactory by the profession. We askins which go that the subject is a difficult one, and that all have a great deal to learn on this question, and we think that the day is not distant when this very interesting subject will be worked not more clearly it as very probable that our opinions may be much criticised by some of our professional friends. This we are prepared to meet with but our object is not only to show the errors of homomorathy, but to endeavour to point out where, in our opinion, the true principle of medicine was ists. We shall endeavour to show that in most, if not all discusses. there are, 1st. The disease itself: Endly, the efforts and members symptoms or consequences of the disease, and firstly another and quest different set of symptoms, which are not identer our accessibly comnected with the discuse, and which are the efforts of nature, either too strong or too feeble, or just right, to rectify the disease. The error of homocopathy consists in simulating and even aggravating the second class of symptoms, or those which are necessarily connected, and sometimes said to be identical, with the disease. The object of Modern Scientific Medicine is to regulate the third class of symptoms.

Wist, then, is theses. It is on the definition of this important question that most of the errors in practical and theoretical medicine have arisen. It is in ignorance of the nature of disease that the system of homotopathy has arisen. It is this ignorance of disease which induces the homocopath to treat symptoms of disease instead of the disease itself. In this consists his great mistake, as we shall endeavour to slow, but in attempting to point out this mistake, we shall be compelled to make some preliminary remarks in a familiar style, in such a way that the public may understand us. These remarks would be quite unnecessary to educated medical men, but we must remember that pamphlets of various kinds have been distributed by the homocopaths to the public, which seem very plausible, but which, in our opinion are very insound both in argument and facts.

It is alleged by the homotopath that the scientific or regular physician has no principles to guide him, but that in homocopathy there is a certain and infallible principle. A principle means a truth which is unerring A stone is thrown up into the air, and it invariably falls down, owing to the principle or truth of gravitation have always day and night, owing to the principles of astronomy. To be a real principle, it must never fail. If homoeopathy be founded on a true principle, it ought never to fail-all its cases ought to recover if treated preperly, and if they do not recover it is owing to their baving been treated improperly If you point your ship to New York by the guide of the magnet it will surely arrive at the spot : it will not sometimes arrive at New York, and at other times at Halffax-it will never fail you If you arrive by mistake at Halifax instead of New York, either your magnet is wrong, or you have not followed its principle If the homocopath says he has found out a true principle of medicine, but frequently fails in his cases, either the princople is wrong, or he has mismanaged it. If he answer that the principle is right but that circumstances occurred which prevented him following it, we should say that the principle is not worth much if it be not trustworthy in a storm as well as a calm If the sailor tells us that he arrived at Halifax by mistake instead of New York on account of the storms, we should say that his magnet must have been of very little use. He was obliged to manage his ship according to circumstances, and to trim his sails according to the storm, his prineithe of navigation was of countaratively little use—his art of sailing was of more use, and his out preserved his ship from destruction,

We consider that the whole practice of medicine depends on an accurate knowledge of what is Scientific in its principles, and on how fat

Art can carry out, or work on, these principles. We can had disctrate our definition in a few words by pointing out that the are of navigation is founded on, or the working out of the grandenia of astronomy and the minimit. The sailors of aid had few or no prints ples to guide them, they navigated their shing from Greens to Italy, or from Tyre to Carthage, by the ors of passigation chiefly "They arederstood the position of the stars, and the sum and he was and there were their chief guides, but they depended also on the sheets must mountains along which they passed. Astronomy was in Ma infancy. Navigation, in fact, was no get and the magnet was not known By and by, however, the magnet was discovered with Lengther ware found certain and infallible, it could not mislead. The same could now boldly plunge his ship across the Atlantic with ingering course. his art became founded on a scence, or a propertie which was culable ble. His art might vary in the following of this principle, but he always kept his magnet before him. The man at the which was steady at his post, although the sadors were busy with the sada. The man at the wheel was guiled by a primaple, the saliers diving the stores were guided by an art. The principle or science could but vary, the art might vary according to every direction of the wind so it is in the science and art of medicine. The science of medicine is difficult to discover, it is only just now loginums to be seen. The ort of medicine has long existed, but only as an urf founded on experience.

One great error which has blinded the minds of medical men as observing the true principles or science of medicae is in conformaling symptoms of disease with the disease start Time, a man time a bia of dirt in his eye, perhaps a hit of sharp sand blown on her cornea by the wind, he cannot displace it himself-what occurs ! The eve begins to inflame, and looks red and augry; inflammation comes act and the eye looks diseased. But is this diseased! No; it is only the symptom produced by the bit of sand—the sand, in fact, is the real disease, and the inflammation is nothing more than an effort of mature to get rid of the bit of sand. The inflammation is a, the falsely called disease) in short is a conscruçiore process. It proceeds somewhat as follows, the blood rushes to the spot where the bit of sand is tubedded with such force that the blood-vessels around it are completely cloqued up, or blocked up with red blood-corposeles. You taight as well have sent a whole army of red-coated cavalry at a gallop to have at full speed along the Strand, or through Temple Bur blocked up by an omnibus, they cannot do it, they are stopped by the nacrowness of the street, which becomes more and more narrow, till it rade in the omnilus blocking up the gateway. They come to a dead stand. although the soldiers in the rear are still training in. The creak becomes so severe that the soldiers in advance are at last so jammed up that they perick. It is somewhat sundar with the red blood which is jammed up all round the bit of sand -the blood persition and the parts immediately around the bit if sand the also being doubt there

here all hold of the hving parts, they decay and drop off but in doing so they bring away the lat of sand and thus rid the eye of the source of irritation. The hole is then filled up by new and hving structure. and the eye is perhaps no worke for the process. But the whole thing illustrates what we should call the wonderful processes of disease. In short, we cannot look upon it as disease at all. We perceive the same thing occurring all through the animal economy, although the source of irritation may not be a bit of sand, but some other foreign body, or posson, or depraved or perverted secretion, or excretionsuch as the person of fever, gout, rheumatism, and many other dis-Instead of the bit of sand in the eye, suppose that the source of irritation is a quantity of sand in the blood, called gravel or lithic Now the kidneys are the great cleansers or depurators of the blood Their office is to keep the blood free from certain things which get into it, and which otherwise would impair and even destroy its usefulness. Amongst other things, lithic acid or gravel is frequently formed in this blood, and the kidneys set to work to get it But they often fail in doing this work and the acid accumulates in the system. What is to be done! The skin would be willing to do its part to take it off, but the patient is unwilling to go through the exercise in the open air to enable the skin to act, and it refuses to act whilst the nationt remains in the arm chair or study, so the joints or the great the come forward and offer to do the work, much to the lov and relief of the kidneys. The toe inflames and swells, and at last gots well. The patient is now quite ichieved, and is better than he has been for months. He has been relieved of some peccant This you will find deposited round the joint of the great It is swollen cut into it if the patient will consent to the experiment, and you will find the sand, which just before was in the blood and making the man ill, it is in the form of a chalky product. (lithic acid combined with an alkali), which could be detected in the blood previous to the attack, but which has now disappeared from the blood, and found a place of rest round the toe. The same kind of irritation is found in several other parts of the body, especially in what are called inneous and serous membranes which are evidently doing their best to assist the kidneys in their work. But do you call this disease? We call it a wonterful vicarious process by which nuture is attempting to get rid of something which is vitiating the blood. The symptoms of gout are not the disease; the disease is that which is poisoning the blood We at once attempt to cure, not by producing symptoms by means of medicine as similar to those of gout as we can, but by exercise, and fresh air and diet, and also by giving alkalies, such as potash, which destroy the acid in the blood. We do not give me licine to simulate the pains of gout or rheumatism, but to counteract the poison at its source; just the same as in the eye we pick out the bit of sand, so in gout we pick out the sand in the blood. which we cannot do with a lancet or needle, but which we can do with

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spate till opt die a member ere in in a vertoger of the concess alestrome and the course of the state of the course of the ferent treatment. It is at the chart that in the first and and in tile, if you can by proposed moderns, country to district the all miven disease the consciouse of the ring of fact he even a fee home by for the two different discovered many to the grant Bright's dispuse of the kidney's top receive to a green volume, page 11, by the Heading P to a 1 of Statement Course the Bushington the random of the way to a 2 of the safe way of when et informe, "public ville vi then some "there is the state of a condition or even for every spinal sometime of some torus, of thereta's trans and to be attendant. the weither - little til it, i is the execution of it with exception that in cases where I should have not been not all the property of Worms, my think has been non-muchal in dear a circle offer the wiles had been subjected to secol by " It is not been an about that we may well treated other symptoms, much asoften, and many is computationally c'uldren livster a with violent metitacions or in language surders marnability without convolution, under therefor all of aftern symptoms are relieved by getting relief the wires. If Westerie of Vienna, has noticed 200 error of their or in the Sharet of our in suramary of symptoms - Dutt tech in the the hand, goldberg, hea zing in the ears, driness of the eyes deliked purate engineer, is officermate loss and excess of amende commender particular win on of food, its lines of the new and arms growther of the week of the " Now, in the homorogathic principle, thight's dishase of the business ought in he treated by me he are which is duce as one consumer aimilar to worms; and worms no it to be treated by in it are which will produce pervous appropriate and here to the sixty of the kill meya! But the regular plantum a ev 7 the roll the author at write with compact to this we can be a girt good in the property tions for server to lack ment of the earth of it was the mental and the server to be a server to Evidence is A children with in the ing being the extent tentures with

cally for such symptoms as are caused by worms, might go on for ever in this way without relief; whereas a single dose or two of turpentine, or kousso, or male fern, might relieve the symptoms at once. Every candid homogopath must at once see the force of this argument, which could be continued in numerous other cases. The argument may be summed up in a few words, thus—Where two or more diseases of diametrically opposite natures have particular symptoms almost exactly resembling each other, and yet are acknowledged to require quite different modes of treatment, it cannot be correct to treat them both in the same way, by generating symptoms similar to each. This is only one example amongst numerous others, of the unscientific and even absurd practice of treating symptoms, instead of

the disease which causes those symptoms.

To assist nature to throw off a disease, does not consist simply in giving a medicine which in health would generate symptoms similar to the disease. This is a curious and serious mistake, which might appear plausible in some instances, but which in other instances would be foolish. For example, a man is attacked by a common cold. Now what are the symptoms? Shivering, or a cold skin, running from the nose, sneezing, &c. Now if you give medicines which in health would generate similar symptoms, you do not assist nature in curing the case; but if you have observed how, in another case, nature has cured, viz., by perspiration, &c., and if you thus imitate her, and generate a symptom which does not belong to the case, and which in fact, is no symptom of a cold at all (perspiration), you easily cure your patient. We merely use this simple illustration, which might be extended to numerous other examples, to show that to give a medicine which will, either in health or disease, generate symptoms similar to a disease, is a very unscientific method of following out nature's mode of cure. Take another example, which, however, can only be understood by medical men, but which, we hope, the homocopathic physician will candidly consider. We allude to a case of disease of the mitral valve of the heart. The disease is in the valve of the left side of the heart; the blood is either obstructed in its course forwards, or is thrown backwards, and thus regurgitates. What are the symptoms? The peculiar systolic bellows murmur, most distinct towards the axilla. difficulty of breathing, lividity of the skin, intermittent pulse, a bilious or yellowish skin, with scanty and high-coloured urine. Now, letthe homospath try to generate such like symptoms in a healthy man, and then give the medicine in this case in order to cure or relieve his patient. Let him give a medicine which, in health, would cause difficulty of breathing, blueness of the skin, intermittent pulse, a yellow skin, or scanty urine, and see if he can relieve his case. He will atterly fail. On the other hand, what is the way in which nature will immetimes endeavour to relieve all this venous congestion? The secretions from the househal surfaces become loose and copions. mucus is copiously expectorated, bile finds its natural outlet into the

thowel, watery pursuing may come on, and the kidneys heavy believed of their congestion, begin to secrete using. Now all their are not constant of the disease, for they may exist in many other dissimilar discussion They are no more symitoms of the discuse than the personation was a symptom of the cold. They are the educe of native to patient both the disease and the sumptours, and we can result her very mate. terially. Here a single grain each (provided the urose is not alterminous), of calonel, digitalis, and squiff, to act no the britishial say. faces, the liver, and the kidneys to be repeated managed with within with or without the calomel, and at the manie there also what is called a watery purse, composed of a little Islan and mean of vactor in a large quantity of cold water, or a small dose of Egropp valts in gold water, and you will relieve the patient in a rathi and extraordinary manner. The object is to relieve the vencou congestion will characte all over the body, and you can accomplish this by very simple means, and almost siways with success. We have long a lumistiful examinaof the way in which the physician can assist natures not my jurgence. ing or generating or simulating symptoms, but by imitating the was in which nature would relieve the nations if she could, and the war in which she does sometimes succeed. Lot us, therefore, study throw beautiful laws of relieving disease. Let us take nature, or the wav which the Almighty has pointed out to us, as our example, and was violate her teachings, as is the way of some, or somply tride with them. as is the way of others.

The common symptom of disease called voniting, will serve again to illustrate how fallacous it would be to treat a sumptime of a disease for the disease itself. A patient may be affected with voniting from numerous causes; he may have taken too much, or improper food; or his stomach may be inflamed, so that it will not bear the contact of food; or the man may be seized with a kit of synance (fainting); or he may have a disease of his brain, near the wrigin of the nerve which supplies the stomach with the power of abversant; or he may have water or pas form in, or upon his brain; or, if in a fernale, she may have disease or something wrong in the nearies or uterus. All these things may cause the same symptom which may be the most prominent symptom in the case; but simply to allay the sameling, would not be to cure or treat the case. In treat these different diseases homosopathically, you must give a medicine in proper down which, in the healthy man in certain other doses, would make woulding, such as iperacuanha; but, to treat disease of the brain in this way would be a most dangerous nullity, it would be simply triffing with the case. Or, to treat a case of vomiting or meknows in the fraude by simply attending to that symptom, and neglecting the Liecine of ovarian irritation, would be triffing with the feelings of the woman; and to simulate this irritation or disease of the womb or evaries by giving medicine, would be not only impossible but about. Or it the vomiting depended on cancer of the pylonia, or on pressure of the

I it portion of the liver on the cuti tief the stems or would it not be a paster improper to give no hum to another the exception . composible to give mel or to small it the disast depleauser livers Wemention the the man in a machemate, and the con idence of the firmest be ever in he accounting much may chim succee that his paments or sarone as unliden consistent relation in the treatment of the end of the leading by to treat symptoms only, and entirely to medict the michee which give, rise to those Pymiticums

A very inter in a mid a tracky desirely a fit if the principles of homography more recorded the electrical Womana por on as an antal foliate by or heremelvin look pay This virolent popson, which is not be the lain a top mon their arrows has been not us a billy on the boman state a min case of lock paw or total per by to Vella, to the Mustary He said at Turin during the late Lalen car man He de led two grass in ann drachms of water. and synhold to we then to the wound which can ed the lock-raw this remady is an all a complete relaxation of the nurseles. It is a little of the term of the rest of an autility of the took. the product by messeria also to tryching which cause symptoms abunded caused sum but to be some from will be seen by referring to Dr Harley's pages in the lane t for 1856, vol 1, pp 619, 647, and in our Letreson t of Medicine, vol. 34 1 30 liero we have a remedy, the cit ats of which we can see and appreciate at oncea read by directly all methic or antipatine producing symptoms not ple but as upti cast this to the unease Lack-jaw or tetanus. Wood are possion relaxes them * ter' as or enter warmach

I a on the sum pen cube that we can often, by remedies, ramdly contemporary of addit to the the following case reported by Dr. Falter - 1 pour wo nan was brought into hing's College Hospital. supposed to be doing quite unable to move or speak from the violent action of the restants v muscles. The suffication was of the asthmatic kind I at one a liministered chloreform. After a few whitis, the spasmber on to yield. In ten numeros ofter entering it she left the hospital well' Best W. d. Jose (ht 1 155%, p 794) Now here is a pother case in which we can see and appreciate the effects of a remedy, The woman is attached with an affection in which the nerves and muscles of result at a n are in a high state of excitement almost amounting to spa in, and a threet sedative which relaxes spasm is given to her, and self instantly. It is the ame as if a man was tightening a rope by rilling it and time one instantly laid hold of the same rope and a t w/ or reserved it. The homosopathic principle would be to to liter, or stretch the role in order to relax it called in fact is a ridecourse legitives, but where and want to relax it, is it not better to the it at more! In both tetangs and asthma, the muscles or ropes of

I that rather of the in it I run Hosp of see Lamest, when I I was a make thing the primary a lif me the recoport, p 37

the budy are in a ligh state of amount o tensor, and no name with able remailes to relax them very rapidly. Even the effect of concess milita de mailieram medif viresidieren, wereliste en 1600 ifwille beginte beg 1600 iei 500 - 200 pathic writers, is given been in continue for their freedomin a set antimony act as powerful whatis and improduce with the work release to the the muscular action of the broad had to be and to a paragraine coat, of the stomach and the disphrages in sacres of asthma and sometime thus, in fact, acting antipathically, when yer you and draws as to prostrate muscular power. If you proceed cantionals with process, anha and antimony, you may make their into boart bil section on it muscular action and thus act body on the appendar contact the stomach and intestines, and on the displication and react to seasy cases, such as I in amonia, gastritis diarriors der bet in those cases the remedy is truly antiquatine. It directly conservices the action of the muscles which is going on, and the action of which perceive, exists as the heart in prominionia, is keeping up a good dust of the reached

We have been a good deal interested and assess to not those singular mistakes of the homosopaths respecting the such power and system

action of medicines.

We come, then, to the consumm that in means at if not all the eases, there are the attenues of nature or a workerful conservation power of the constitution to come a way then, which is mississing with the regular working of its narricary to many of these attempts nature will do the was here if - or others the a controloung the work, and in others she is country short, so that in the first case the medical man mass let her alion, in the second his most arrest or regulate her , in the third he must assist her. This, we think, is the GREAT PRINCELLE OF MODICIAE Which we can dissort. but which, as yet, we cannot work out comparely in sol cases duty is to investigate the first commonweares of diseases of overy kind, and to see how nature proceeds in her work, we have also to see how she works in perfect health, and next endeasour to take our lessons of practice from her own processings. We can however discorn so much in this, that in many cases she bas to be there i or arrested, in others assisted, and in others let alone. We consider that the practice of homeopathy is simply the lost, we to let her alone A man has unbibed the poison of typical to the his blood is powoned by some unknown tustensi, and two mea decomposed, and its corpuscies broken no, so that they escape in some measure through the sides of the blood-vessels, blood ower out upon the internal surfaces of the budy Nature will get rid of the pulsars if the patient live long enough, but you must sofp her to keep the patient alive with aminimia, wine, brandy, and look trail to an amother case, the man is labouring under violent suffering from undepended food in the stomach giving rise to all kinds of symplectic Tree wasmuch cannot relieve itself although it trues bar I to do no Von give a gentle emetic of ipocacuanha, or mosts d and water, and the relief is rapid. In these cases you assist nature. In others you arrest her. For example, the inflammation in the lungs is from a bad cold ; the blood has been driven from the skin and has collected in the lungs. the heart sets to work to pump the blood back again to the skin, but in doing so it has first to go through the lungs, which are already too full. The attempts of nature here are well meant, but they are misapplied. You arrest or regulate her. You give small doses of ineeacuanha so as to nauscate the patient, and thus temporarily to weaken the force of the heart. The heart, by so doing, does not act so powerfully. It sends less blood to the gorged lungs, and you have time to draw the blood to the skin by perspiration .- Or, perhaps the patient's bowels have been violently irritated by large doses of fruit in autumn. Nature carries off the irritating material, but cannot stop herself in the purging which she has caused. The case, therefore, ends in cholera or dysentery. You must, then, check nature. Give a little specacuanha to stay the violent action of the muscular coat of the bowels, and a little opium to modify or check its irritability, and you will soon cure the case.

Or, lastly, the man has simply got a had cold and is very feverish. You put him to bed, strike off all high food, and give him one drop of water every two or three hours. This last method is homoeopathy in

infinitesimal doses!

This subject is so interesting, and throws such light on the unscientific character of homospathic practice that we will dwell a little more upon it. The nature of disease is not sufficiently understood. It is this misunderstanding which gives the public such a mistaken idea as to the nature and effects of medicines. It is supposed that disease is necessarily a destructive process, which seizes on the body, and which must in the end destroy it, or at least the portion which is attacked. This is a mistake; almost all diseases which we can see and examine, are, in reality, attempts of the body to overcome some secret and unseen action or poison, which is working or existing in the system. Disease, in fact, as manifested to our senses, is nothing more than a deficiency or excess of a natural and wholesome operation.* In some cases we cannot explain this satisfactorily, but in other cases we can see the beauty of this explanation, and no doubt as our knowledge increases we shall be able to carry the illustration For example, t a man is attacked by a tumour in his eye, and the eye is gradually pushed out and spoiled; when examined, it is found that a parasitic animal (an bydatid) is within the diseased portion, and has given rise to all the mischief. But the eye bursts, and the animal is got rid of. The same thing may go on in the liver, where it cannot be got rid of so easily, as the patient often dies during

Renshaw, Strand

^{*} When we use the term " Disease" it must be understood in the sense in which we bave code av areal to explain it in a previous page.

* We take some of these ideas from Mr Simon's work on Pathology, published by

the process. In common stab, an invect is men harrowing in the shift and causing an emption; or a vegetable may be growned or this shift as in portion, causing a treatment of in discharge. In all these cause y as seem to have what is called decree going on har it at the body where its struggling against the attacks of animals or vegetables, it so it ong its best to get rid of them. Or, another man may arrow to have does ease of the kidneys or bladder. He may be maning bloody arms its small quantity—the real muchief is that the kidneys caused themse off the increased quantity of wear which is existing in the blood and the man is being personned by it —Or, two near may be making as a necessary the other turpentine, which the one we find agar, as in diabates in the other turpentine, which the man has been taking as a necessary, but the symptoms are similar, and nothing some than an effect of nature to get rid of substances which are only introduced.

It is wonderful how well nature works to right the system when anything attempts to disorder it. The makes the strongers officets to maintain the original type which the Almighty has given to it, and when anything attempts to destroy this type of construction and chemical constitution, she tries to recover it. If you best a but of whalebone or stick, it resists your force as well as it can, and will make strong efforts to resume its original shape when your hand is taken off. So in disease the budy remain offending earnes, areas of itself to counteract them, and invites the physician or surgeon to as-If he refuse to assist her, she will often do it alone "You have a type of shape for every part of the body, a type for the hand. for the face, for the brain, for the leg-a type of texture for organs, for nerve, for cartilage, for hone, for blood, hile, arms, sweat." --(Simon's Pathology) In short, disease is generally nothing more than a modification of healthy action either in excess or defenency, In the first you have to arrest or check it, in the latter to increase or excite it. For example, in cyanosis the child is blue because the heart has been arrested in its development, and in hypertyophy the development has gone too far; in hare lie, again, the part was arrested in its growth; and in old men the cartilage which gave rise to their elasticity in youth has become bone-but it is only in obeliance to the laws of nature, you cannot call it disease.

When we view disease in the light which we have been attempting to explain, we cannot but be struck with the laws of preservation which the Almighty has implanted in the organs of his creatures. It has not simply created these organs, and left them to take their chance, but he has implanted such a wonderful power in coal organ to preserve its own shape and function, that even after what is called an attack of severe disease, it will make strong efforts to recover the original type of shape, texture, and function. So, to use the beautiful words of Mr. Simon, "We find that disease works according to favor definite, constant, invariable; we find in it no contradiction to the laws of life; on the contrary, that the latter, in their simplicity said

comprehensiveness, include and account for it that the power of adaptation to ercumstances the power of resistance to disualties the power of repair after injuries, would not be possible or conceivable attributes of the human body, except under conditions which mipose At every turn of the subject, and in every the liability to discut fresh illustration which new study reveals to us we derive deeper and more stediest convictions of the total absence of captice, chance, or irregularity, even in the strongest influences of discase We become habitual observers of that mystery winch most of all tends to chasten and to elevate the mind-observers namely, of the unbroken uniformaty which prevails in the orgeration of natural laws. Standing, in the daily exercise of our profession, amidst an apparent chaos of darkness and suffering where at test all seems, as of yore to be 'without form and void, it is our great privilege, that, by the aid of scientific insight, we are raised to a recognition of the 'Spirit which moves upon the face of the waters,' and which now, as in the first morning of creation resolves that chaos into harmonious order, that darkness into intelligible light, that suffering into the feeble counterpoise of some greater and more extensive good" (Simon's Pathology p 17)

A sture, in fact, works from a model There is nothing more interesting than to observe nature in her processes both in health and disease You have a child in infancy totally unlike its clier brothers. but watch its growth and you will see it gradually assuming the time of the fumily, particle by particle is added to its body feature to feeture till the growth is completed, and then say whether the high statue has not been copied from another statue by a wonderful sculp-In fact nature is the sculptor and she has worked after a model with involvement his correct power. So in disease, a part is disorganuzed by what is called disease, but nature is still the sculptor has not forgotten ber model she replaces the lost or disordered portion by parts which she moders as nearly as possible like the original She often fails, but her efforts are beneful, and in some of the lower animal; she quite succeeds. In these, a limb may be taken off and she will replace it by a new one resembling the original. It is the same effort all through the human body, which we call the conservative power of nature, an attempt to recover the original type, which disease may be attempting to destroy We perceive this in the more severe as well as in mild disorders. The disordered operations then of the human body are generally nothing more than its attempts to regain the path of health from which some cause has caused it to swerve, nature often succeeds without any aid—at other times she tails. The art of the physician is to watch her efforts, to assest to cheek, or to mount them according to the best of his udgment

Diseases attack the body either from without or within. For example malarious possons from without or possons formed within the body itself. They are known by their symptoms

and officers and beautiful enough to a first a limiter of BERRY BERT BERTE BER DE GENERAL STAN BONG BONG BONG BONG ON BONG BONG mand associately reference the manufacture that we to diverge on the second approache. The transmission of the langue transmission to the langue transmission to the state. may be theel I at I the Time to the of the state that the second process of the second process to the second pro F . S. Sept 198 31, with 1/2 to make the said were in this lit wires it we arrange to the first work then below me if the a case is a contract of face or manifest, or more thanks in a not necessary to the thanham were They are mily an every and of the artist, and was states in a transfer of charact which region as no stomatall to the cut in what we will have the comp torres write are a ser on thy corner and with the enters where exceeds hind of way of a truly of the but forest with the appears, my call activity of the rows as a to chose to a continue a complete which are not resout due not remain to be a set at which was exist at all time ; is a front of and sin in the last the conthan three three we therefor for the east received with a time week. get up the ste in primp to make to in the day her place guited by the compact avoid the ricks and si six on all areas setted as advance her verording to emperors used in the area est, pa every hundred you will save the vessel. We not therefore the careful to distinguish between to a 12 constitute of a dissession and those not induct is seally give tot with a flatour but which are not no small a ner upon in a receipt a vill sex is as disease, as there list vinitures which we have said for driving tomal exist in the bedy at all times over in a sign or health. The symptomized desires a some so and so the convergence so of desires The comparentiers a traff in or you have completed as a configuration of dom To increase or generate symptomis similar to the discusse is easily am reasons the mischief. To expect as regular the cy over which pages it. so as to throw off the disease, is a benefit if as I commarily or against and worthy of a noble profession. It is no attempt to make there there laws which the Almighty has placed in the buly low to green succeed This we consider to be the true primarile of to or the and is gradually exalting the principles of medica out at we have

To prescribe for symptome therefore and expansity to excise one to generate a similar set of discould symptome, is to set access the Atlantic without a magnet and amply to accomposite the copy be the wind. What would be thought of a man wire attention to come a child's legs which had become howel and one had for the want of inner in the bones by applying trong or amplests to be by a bat magneted to give the child plury hate of him to safety of an inchange lected to give the child plury hate of him to safety of an inchange single trapport would be called a first bodies the magnetic for symptoms without a real principle to give in that to give the line is a scientific thing. The some principle to give in that to give the line is a scientific thing. The some principle to give in that to give the line is a scientific thing. The some principle to give in the top give the line is a scientific thing. The some principle to give in that to give the

science, and even danger, of thus mistaking symptoms for disease. No doubt the most scientific man is often at a loss how to account for the symptoms before him, and, when so, he must submit to the humiliation of confessing that he can only make use of an Art, and prescribe for his patient according to what experience has taught him to have been useful in similar cases. But this empirical method is fast disappearing from amongst all well-informed medical men, and

art is rapidly giving way to science.

In the previous remarks we have shown what an excellent physician Nature is, and that the recovery of a patient from sickness is no proof that the medicine given was the cause of the recovery. It may have been useful or not; but when we hear a patient say that he was attacked by illness, and recovered after taking certain globules or certain drops like water, and therefore his recovery must have been owing to these remedies, we are struck with the ignorance both of the patient and his medical adviser respecting the nature of disease, and respecting the wonderful powers of the constitution to throw off illness, even when unassisted by curative means. It reminds us of the sailor who whistles for a fair wind and if the wind becomes favourable after his whistle, he has the impression that the whistle caused the wind to change,—it is the common "post hoc propter hoc" argument.

Success in medical practice does not necessarily prove the truth of a professed principle, unless we can be absolutely certain that the principle is strictly adhered to. There is nothing more common than for one physician to be more successful in his cases than his neighbour; both may be professing the same principles, but each differs from the other in his practice: in short, success in practice depends not only on a good knowledge, but on a certain ability, or talent, or tact, to bring that knowledge into exercise, so if a homeopathic physician likes, he can treat his cases either homocopathically or allopathically, or in any way he thinks fit, and all the time pretend to be a homocopathist, His homocopathy may be made a cloak to do just as he likes. Medicines are now made in so concentrated a form, that a drop or two may be a full dose. This may appear to the unprofessional man to be an infinitesimal dose, when given in a glass of water; but in fact, it is a full dose, and quite as large a one as a regular physician would himself give. Aconitina, Strychnia, Nicotine, Morphia, Atropine, are the essences of Aconite. Nux Vomica, Tobacco, Opium, and Belladonna, which every regular physician may use; but if he wished to appear somewhat wonderful, he might drop a very small quantity into a wineglass or tumbler and give it to his patient, with good effect-yet, he would in fact, be giving a full dose of the medione. The dose might appear to be a homocopathic infinitesimal dose, but it would appear to be what it was not,-it would be a good dose. So that when homeopaths appear to be giving their infinitesimal doses, If a homocopathic they may be doing so only in appearance. physician practised in any way that he thought fit, and used any

medicine whatever, without any respect to his interprete air of which thin, y he might do with the interpret form of to compaths and if, at the care time he were of equal or interpret arrived to his allopathe neighbours, we don't not tak he me got be given appeared. But their would be the difference, that the he acceptate would be practising with a certain degree of drever, and then, the term homeopathy as a takk to carry on he passed out. It is the same time should be leaven to have generally an whom at the same time, the homeopathe physicises advertises himself as considered the leaven furnished at the franches. The acceptance is considered by the being it regular anyoness and physicises as to say the least, duried take to a holy if properly adapted news.

Left us next examine more particularly the principles of horses. pathy, and compare the excelence temperated adopted by the homeon path and the scientific tractity per The house rash, we reveat. presentes for the autopions of a disease -- the attentible practitions prescribes for the range of those structours, or tries to increase the conservative powers of the constitution. Touthories in a securious of a decayed touth. Whether is it better to presente medicine to reserve the pain, or to attack the cause and extract the tooth at once! The homograph would give moderne which, in a health's man would cause symptoms similar to touthache, the separation tractitudes weekt extract the tooth. The homeopath, when mind upon to refere a neuralize pain, would give a mediune, if the could find once he makes similar symptoms in a healthy man, the smentile practitioner world remove the cause if he could find it, and if he could not, be round easily relieve the pain by opean, or morphia, or account, or beliadonts. and better still in most cases, by chloreform, either gently meased, we applied to the surface. All these medicines have a ressertable power of rehering tain, but they will not cause it when next in activities and doses, nor in any doses at all-and yet hop accept to use there need . cines in violation of what they call an infailible law or primaries.

The great principle of homosopathy is, that whatever medicine given to a healthy man will cause in him symptonics similar to may disease, that medicine will care the disease in the sock man. But is this the fact? Habnemann states that Persymm back cares again because, when given to the healthy man, it causes symptonic survivar to again. This we deny altogether. How many people take continue (made from back) both in small and large doses, and we never hear of them having symptoms of agus! It is a carroom fact, that when a person goes into a district infected with the pesson of agus and other malarious fivers. In is nearly pead against all the symptoms if he take quitine for a certain time before he goes into the district, and for 14 days after he leaves it. This is well exampleded in a reposit lately usued by the capacition just returned from the Signs mans as will be seen at p. 648 of the target. Dec. 18, 1400.8. It is not a fact.

[·] A District the thing present wateries in 19 42% · does not not not the salar distribution to a vide in the present of the think of the salar and for the think of the salar and the salar and the think of the salar and the sa

therefore, that Peruvian back produces symptoms of ague in the healthy man but just the ever-it prevents all symptoms from ever

showing themselves

You could not have a more forcible example of the difference of treatment between one system and another than in the subjoined case of the treatment of tetanus l'et mus, or lick jaw, consi ts in the rigidity of alm st all the muscles of the body, it can be accurately sumulated by giving a healthy man struchnine. The symptoms of poisoning by strychime are exceedingly similar to the symptoms of The homograph ought, therefore, to have a certain i xactly the reverse is the case, strychnine remedy in strychnine aggravates the symptoms and was obliged to be given up, but monte was mainit to one Now acouste prostrates and relaxes muscles. and never contracts then. In one of our previous volumes will be found a case in which chloroform was useful in relieving convulsions. and another case in which tobacco or mootine was used with success in tetanis or lock jaw. But all these remedies are exactly the opposite to strychniae and every condid homos pathest must at once acknowledge that his principles we completely broken down before such example of cases. The subjoined is an extract of the case treated by strychnine and acouste. It will be found in detail at p. 70 of the 39th volume of our Retrospect Henry Blackwin, aged 15, was attacked by tetanus, Sept 16, 1858, and idmitted into the Widdlesex Hospital Ilis symptoms became more marked in two days, and were gaining ground. One tenth of a grain of strychnine was given every two homs and continued in varied doses till the 20th when "the symptoms were now becoming so urgent that the strychnine treatment cubl not be longer trick. It was evident that though it was producing its own specific effect, the paroxysms of the disease were in no way relieved, nor were the cinonic spasms at all diminished." (p 72 Retrospect vol 3)) The patient was now put upon acouste in five minim doses every two hours, with an acomite limiment; this was assisted by an continent of one part of extract of belladonna with two parts of count rubbed into the thighs, ' from this time the improvement was progressive, the countenance becoming more natural and the pain and anxiety diminishing." Another case is related in which the effects of acouste were still more marked, so much so, that by this medicine, 'during the continuance of the disease though at times he was alarmingly affected by the medicine, the severe tetanic symptoms were constantly subdued " (vol 39, p 74) Another good case of recovery from lock jaw (see Retrospect, vol 38, p 44) is given by Mr Simon Here mcotine (made from tobacco) was See also vol 36 p 38, where Dr Hobart of Cork, points out its value in tetanus and also as an antidote to strychnine

These cross of cure of lick par by acouste belladonna and meeting, are justed to list to ever how all the usuments in the world, based on the third strate like cares like. Here are cases fairly cured by

remember the expected of the section of some to the section of the

designation of the first place of the second state of the second s Barry Reprint a World as central property of the service of the contract of the service and 16 The Mont fett, little no states; I entry face from to time " For Smary wash book at in mount outsimply soil, by the notices eatest stattatization in programment of the message of them is one of the confidence than net, this levels could fee bis due on new it. In the retrience to 1/4 12 11 Manager with treplet over land gragaria to be Branklik Melitorial for approach force of the rest of college to continue accommendation and med Nav even the commercipathy the conduction are not the formation of respecting it. We known a radius town root, and from the seaso THE PERSON MANY that a true and the se of the other one of temperature " exclusion this new est mere estate in all set ex ex-room see we rele it in recomemployed by homeomethics. We a creek the er ways I have ex-Pint merinante, that about it in this eff broth in it is a to become a grand than this, vir, home prices as practured by the book to securation physicians and ampteurs. This contradiction is amounted this we here unite scree with Mr. Evenest that the rice of accounts by accountry homomoraths is a direct contraduction of all their processing. For what measured that any could be consecut refer to the Whenese's Monograph on this medicine the best work ever written on America Dr. Plemeng save, "that its originary artism on the nervous study's in tairely achieve in its nature from the host, and the closest secution fulls to detect any symptoms calculated to warrant the breaf that a primary stimulant action is execut". Agair, he says, that its action on the circulations is also solutive, "when this is full development, the flow of arterial blood to the brain in purch diminished, an occurrence which musics the energies of that state, to the some may me excession four of broad. Increases which, and the action of arrests, there exists a very strong analogy". "The arrive of accerts on the municular applies in directly and powerfully evilative. Alexander was Accounts p less det. These are not single (question, but are thornded on a series of exceptiments of the speak subjective hind - and job, here is a remedy of a most sodative character most by businessits in fevers, inflammations, ive., as a substitute for the lattert because his They could not possibly have need a more or control or allegation remidy! Let them easiletly consider this uses a knowledge the David let the property of our or two medians a total our from among a maken

ous others, which might seem to support their views, but let them take the general character of the medicine. In some medicines, when taken as possens, you may have numerous symptoms of an anomalous character, and it is easy to select some of those symptoms so as to appear to give support to their views; but aconite, if viewed fairly, must

decidedly contradict their principles.

We will give one more illustration, to show the error and danger of treating symptoms instead of the disease-effects instead of the cause, Apoplexy is caused by the rupture of a blood-vessel in the brain, and the blood escaping into the parts around the blood-vessel Among the most important symptoms, we have what is called coma, a kind of stupor, with snoring and insensibility, resembling a man who is intoxleated, or one who has taken a large dose of opium. Both opium and alcohol, therefore ought to be the homocopathic remedies dangerous to use them in a man whose blood-vessels are already over-When a water-pipe has burst in the street, and is deluging the surrounding earth with water whether is it better to send more water along the pipe or to cut off the supply from the main-pipe or reservoir? The homoopathic remedies, opium and alcohol, if used at all, world send the blood still more to the broken bloodvessel-the lancet of the surgeon would stop the supply. We do not say that the homosopath would use opium and alcohol, we only say that as these agents produce symptoms in the healthy man resembling the come of apoplexy, they ought to be the homocopathic remedies for such a state. Again, you see a man's eye angry and inflamed—you can produce this condition, the same as in the brain of an apoplectic patient, by giving opium or brandy but, next time your own eye is bloodshot and inflamed, try a dose of opium or brandy, and see if it does not greatly The next time your eye is in the same state, try aggravate the case cold water applied to it, take a little ipecacuanha to make you sickly. and thus to diminish the force of the heart, and the rush of blood to the eye, at the same time keep in a dark room, so as to keep off the stimulating effects of light, and strike off the supply of food, so that the quantity of blood made may be rapidly diminished, and see what effect this will have upon your eye - You will soon see the difference of treatment, and be convinced of the error of homeopathy, and that after all the old system is not to be condemned

When, however, we find in the standard works of homosopathy that common salt is said to cause 450 symptoms, oyster shell 1090 symptoms, the ink of the cuttle fish 1242 symptoms, common charcoal 930 symptoms and that therefore all these symptoms of the medicines may be a guide to us in applying them to disease, we naturally shat the hook, shrug our shoulders, and confess that we cannot argue any more with such people!

You cannot have a much better example how beautifully what may be called antipathic or allopathic treatment is illustrated, than in the treatment of scute rheamatism. Every one knows what the symptomic content of scute rheamatism.

domin of their marries are. But the auministing are put the con mark however accurately you may be sale to towardle theoretical in by a new medicities are no temperate almosar agreement give will him and the this treat ment. Now what a thrombationa! It is expection you bound disease. The fine is a familiar manager a more than most a product # what is called 197711, a meterial which chiefe this even, but which and parks up all the parts so be to appropriate the T. is ever t material since entage the the valves and alley become a time secure Now, just book at the way in which mutice or the powers of his time attitution try to ast relation of our other when in agreement one is the third to its great same pamer ... The Public atmobilety cup teams of the make terial the jointh during their growth in chelifonal economists at agric this material for their mistenance and regions. They report to be avso all through life, and therefore, when there a gar assured than tity in the blood, they are expected to about an increased magnetic, in order to relieve the bland. This they do, and it is the in seen always aggravated by fatigue with a brings on the assessment or in the course muscles, and tenions. But the heart start is also a But of ladge joint, and does the same work. The hourt threeters is latter to the same disease. Now you certainly might from to treat this case to make pathically, and attempt to produce pain in the joints, in a least dir. ease, but in the first place you would fail and in the several place supposing even that you succeeded you would agree the susceeded already done, not because nature's removal of the missing a wrong this because it is done in a manner which, though curring the chromitate state of blood, injures the joints and heart. But if you give salts of potash, or brearbinate of suda combined with actre, you dissed this fibring in the blood, and wash it out through the kidneys these getting rid of the evil at once, and very rapidly curring the case.* Now we would ask the candid homeomethest if he can reconcing tills with his creed You might give notash and soda for ever and you would rever readure symptoms of rhedmatism—and you would never gradies tibered in the blood by giving these medicines. (In the other hand potesh and write directly and immediately dissilve the fittine. They are beautiful antipathic or allogathic remedies. We do not by any memor intend to say that excess of fibring in the blood is the only chance in that finid pathognomonic of rheamation, nor that alkalies act only by diminishing the excess

Consider the danger of homography to individuals attacked by divcase, who have not been previously experimented upon on how ki, as to the effects of medicines. A person is attacked by disease has sends for the homographic, physician, medicines are truscribed and given, but who knows what are to be the effects? The great pole

^{*} See that I the plant Reports and a 1972 and the publish and p. N.

ciple of homocopathy is, that every medicine must have its powers and effects tried on healthy people. But every healthy man differs more or less from another, and no medicine has the same effect on two or more individuals. But the patient's life is in danger, and may terminate in a very short time. In this dilemma, the physician must give medicines which he has only tried on other individuals; in order to be effectual they ought to have been previously tried on the patient himself whilst in health. This is one of the chief principles of the doctrine, and, consequently, when brought into practice at the bed-side. will almost always prove a broken reed to depend upon. The principle might be worth arguing if the same medicine had always the same effect on all individuals, but as it has hardly the same effects on any two people it is worth nothing. Even if the drug had a tolerable similar effect on twenty people, but not on the next five, it would be a great misfortune for one of the five to be attacked by a disease for which the remedy was quite inapplicable; and supposing that his life was at stake, we should consider it a dangerous principle

to be depended upon.

Consider, also, the danger of trusting to this system of medicine under the following circumstances: "To effect a mild, rapid, certain, and permanent cure, choose, in every case of disease a medicine which can itself produce an affection similar to that sought to be cured." (Dr. Dudgeon.) You may generate symptoms, but you cannot generate the artificial disease which is to resemble the real disease. No homomorpath has ever yet pretended to generate diseases by means of medicines similar to certain original diseases. What medicines can generate diseases similar to mitral valve disease; to a clot of blood on the brain from a ruptured vessel as in apoplexy : to amaurosis or cataract of the eye; to the effusion of lymph or fibrin, as in croup; to a stone in the kidney or bladder, or to worms in the bowels; or to numerous other real diseases? You may attempt to generate some of the symptoms, but these are not the disease, and may exist in quite different diseases. To generate a symptom without also generating a disease is useless; the real cause of the artificial symptoms you generate is nothing more than a poison acting in certain ways on different parts, but very little resembling disease. But if you could generate an artificial disease resembling the real one, woe be to the patients labouring under numerous diseases, the least increase or aggravation of which would be destruction to them, such as a fatty blood-vessel in the brain ready to burst; a thin heart also ready to burst; an amaurotic eye, nearly blind; an ulcer of the cornea, just ready to penetrate that structure: an aneurismal tumour: a blood-vessel in the lungs ready to burst; an ulcer in the stomach or bowels, &c. &c. It must be remembered that in all these and numerous other cases, in which life hangs on a thread, the homocopathic principle is that the artificial disease or symptoms will at first

Richford Floodynamic Charles and experience of the content of the

響動性 繁排物抗皮 网络美数钢鱼 网络女孩 古色真色 水杨醇 使刺激素 建二烷甲 网络网 网络阿拉斯皮斯拉 机氯酸 网络凯 theres, detect which the enables the end of seatheres, i.e. there they completely out, the comgreen his first among our films off, whereing on the old appropriate to one now 最初度 \$P\$10度 x 90 \$8.00 \$96.600000000000 \$P\$100 \$4 15 Keeper 1999 1999 1991 1991 \$4 15 Keeper 1991 1991 1991 1991 在村村投入建門所謂于自治、走行以奉行时以公司在曹操,即以于是治院各典结束,此上自己是行的物。 的 不知识的形式 關鍵 有斯特朗维 精性性抗菌 辐射技术者 电电流冲射电 电铁 打铁 机骨化铁板 计基础计算机 化 entheres. Or Mineral with the thertical order to the above of ordering atilisers on the their this removes wher held hitch is not effectioned in executive found is. that " finda beens when amplicant on a book or incultones a sensitive Mall, a sure threat, fever, bearingly Ac. all wheelves necessar in scarlet fever." He likewise states, in arcetus twice, it as "I've hooses. orathic physician learns the recoveries of drags by experiments appear birmelf, not upon his patients." Let this re-nelection our whather bis mesertion is to be depended nown. Her to be full not now in these down titue himself! Has be trive the effects of all the medicines which he uses on himself? If not, is it worths of this to ease each an assertion to the disadvantage of those was described in in tim ? Moreover, we assert that belladorna is very variable in its effects and does not always produce the symptoms after mentioned; it is easy said that it produces these symptoms very rarely. We have been accustomed to prescribe belladonna for thirty years, and we carey yet knew this drug to produce the symptoms above mentioned, It is not the rule certainly; we could give many instances in which this effect was absent. The reader will find wovin very interesting cases of this kind related by Dr. Poller. In several most of chores in which this medicine was given in large down. It is grains saily to one got of Iff years old, or 1 019 grains in 26 days; to apostor girt, aged 14, atropine 37 grains in 18 days), no but offerts whatever followed, and h in the instance was three may hourself is at the street of earlies of earthouse. tous blash on the skin." (Bert, Med. Jamene, Ang. 27, 1850) p. 70%) From some range or other there are great discovery of this medicina in those cases, but they were cases of re-available. We now the fact, however, simply to prove that beliakeness does not exactly said sortating, owing to what are called its horse-paties weturn as there virtuos or effects are very executional. And by the how, many of these cases of choren were relineed by the bestedning. New change in a convolute disease, and the viters of belladicus is to sellic mass ralar action —in fact, a direct opposent to upon or a contribe. In these ten, therefore it was insufficial in an alliquet in and not as me farming.

pathic remedy The homeopath may say that in the above cases that disease existed, and therefore you could not judge of the remedy In other cases, however, referred to in the same paper, it was given experimentally, but cautiously, to healthy children and adults, and still we find no rash produced.

One of the laws or principles of homocopathy is, that when a disease exists in the body, it can be cured by another disease with similar symptoms, provided the latter be stronger than the former, or, in the words of Hahnemann, "INVARIABLY, and in every case, do two diseases, differing certainly in kind, but very similar in their phenomena and effects, and in the sufferings and symptoms they severally produce AVNIHILATE ONE ANOTHER, whenever they meet in the organism, the stronger disease namely, annihilates the weaker." As an example of this law, the homocopaths state that an attack of small pox destroys cow-pox "Small-pox coming on after vaccination, as well on account of its greater strength as its great similarity, IMMEDIATELY REMOVES ENTIRELY the Courpor homocopathically. and does not permit it to come to muturity, but, on the other hand, the Core por when near muturity does, on account of its great similarity, homospathically diminish very much the supervening Small pos and make it much milder as Muhry (in Robert Willan, on " Vaccination ') and many others testify" (Organon, p 148) This assertion of Hahnemann shows how carelessly and incorrectly some of his boldest opinions and matters of fact are adduced in proof of what he wishes to be believed Will the reader believe it, that what Habnemann here states is perfectly incorrect, and that Robert Willan our celebrated English writer, asserts exactly the opposite? Dr Willan's words (in his work on Vaccine Inoculation, p 3) are, 1 'That when a person was inoculated with vaccine and variolous matter about the same time, both inoculations proved effective, for the VACCINE VESICLE PROCEFDED TO ITS ACME in the usual number of days. and the maturation of the variolous pustule was attended with a .-2. That these effects took place. pustular eruption on the skin without much variation, in all cases where the interval between the two moculations and not exceed a week, but 3 That when variolous matter was inserted on the ninth day after the vaccine inoculation. its action seemed to be wholly precluded" (t e system being now safficiently fortified against it by the due protecting effects of cow-pox). So much for this opinion of Hahnemann which proves just the contrary to what he states We must do Dr Sharp, of Rugby, justice in stating that he dissents from these extraordinary fallacies of the f in ler of his creed. He says, 'Truly never was hypothesis based nix n more slender materials, never did assertion and madequate pro f ampear more conspicuously side by side than in these paragraphs! We wish this estimable and talented writer had been

equally discerning to find earl the other falcacies of his system. We still hope to see such a found as his canfully acknowledging steem in

Another principle of i incorpations that the effects of a companion in the cle ford with but a monitor responsion to the decisions or, in exact words. In other make he cat the artificial terminal producible by me in our may effect a since the latine as terminal required that they should be expected if producing on the beams body an interest discrete a sensitian as a manual field of which the care I in order by means of the companion of the restriction of the context of the discrete the care is not the discrete the context of the discrete the context of the discrete in the first of the latter of all adminish the time will be context.

The example additional to any part that have to trust if a superior lines on his skill an herestic or miliary rillians and he he attacked by measles the measles cares the previous, seven list me property were little similarity between negates and increas, or resource and a military errition. We taight as well say that small give and or popular copic is ble each other, because the skin is affected in both cases. Mrasics and herpes if they counteract on hother its so for just the organism reasons to what Hahnemann adduces. They counteract each other from their dissensionally and not in account of their similarity This seems even to be the opinion of Habitemann brinself for he goes on, curiously enough to show how in confirmation of his great principle of thic curing like small pos cures inflammation of the eve amanrous deafness, difficulty of treathing, awening of the testi cles, and dysentery. It is almost languable to see how the seal of man will mislead him. What similarity have the symptems of We should again say, small-pox to the above-named diveases? they are as dissimilar as possible and only prove the weakness of such an argument. These cases of Habacoman prove what has long been known to us that it is difficult for two diseases of any kind to exist at the same time in the homen budy, and much more difficult for diseases of a dissimilar, than of a simplar kind to exoa together

The homeopathic law which states "It is not precible to perform a care but by the and of a remedy which produces symptoms similar to those of the disease itself." In dark contradicted, not only by cases met with by the scientific modern payment but by the brokespathias himself, and the very instance brought forward, viz. that again is cited by back, here on back produces symptoms somilar to again in the shallby individual is quite contradicted by every day experience, as we modiced in a preceding page. If this principle were true we made to be announting to all the diseases of the tody. From many of these symptoms minimize to all the diseases of the tody.

diseases we can simulate by medicines, such as the coma of apopleys by opum: the dehrum of inflammation of the brain by alcohol, Indian homp &c . inflummation of the eye by a drop of oil of vitriol . inflammation of the stomach by arsenic; inflammation of the kidneys by Spanish thes, -but we would ask any candid homeeopath if these would be proper remedies for the diseases themselves! (In the other hand we should like to know what medicines given to a healthy man will produce symptoms of typhus fever, consumption, scrofula, cancer. and a host of other diseases—and if the above quoted dogma be true. and if we cannot produce these symptoms in the healthy man, then we do not possess any remedies for this host of diseases on the homocopathic principles. Moreover, facts are against this hypothesis, as, for example, in sea scurry You cannot by any known medicine produce the symptoms of sea scurvy in a healthy man, and especally not by lemon juice, but let a sailor be attacked by sea scurvy, and let him have lemon juice, and you will soon see the good effects. Again, you cannot produce goitre, or swelled neck, in a healthy worfan by any known medicine, and especially not by iodine. -but this is cured by iodine. It is urged, with apparent plausibility, that nitrate of silver causes inflammation in the healthy eye, and cures it in the diseased one -but oil of vitriol, a bit of sand, a hot iron, caustic potash, violent winds, and many other things produce a similar kind of inflammation—but do not cure it Inflammation of the eye consists in a dilatation or swelling of the blood-vessels, so that these vessels admit a larger quantity of blood than in health-nitrate of silver contracts these vessels and prevents all this blood from pass-The remedy, in fact, contradicts the disease so ing along them. called -the disease is dilutation, the remedy is contraction; precisely the same as, in typhus fever, the disease is a poison prostrating the powers of the body,—the remedy is a stimulant, such as brandy or ammonia.

The assertions of homopathic writers have no doubt shocked some of the more sensible disciples, but they prove that there is no unity either in the ranks or practice of this system. One writer says, "If the remedy given be homopathically selected, it will cure in whatever dilution it may be administered" (Brit. Journal of Homopathy, vol. 5, p. 5.32.) So that, whether a drop of functure of acouste be mixed with a hundred drops of water, or in a lake 250 miles square it will cure, if selected homospathically! But other writers and practitioners differ; for in the same work we find that with respect to doses, "There is no homospathic question in which there exists greater discrepancy of opinion. In fact, we may almost say there are as many opinions as practitioners, and each is prepared to prove the superiority of his own by an imposing array of cases." Ibid, p. 257.)

This contradiction of opinious accorded to be a pairs of a positive attempt with respect to the inclination and he was another on a first Halmetiana considers, that have to a positive that have transfer and discriminately in chromian and according to the properties of a consider a cons

The homeomath mounts that his nighteness best not been this. tried by the regular physician. This are extended to the Thirty is not a more respectation that appointment that I have at I at a Dr. Marrichers, a businesspectualist, aspecies of ferry and trees, success for the ciams." M Andral translation systems on hibs of the festivities in the presence of the homeodathida torbidites. In Josephing the troubs, he said. "Le was decidely opposed to the propert of allowing the homeopathus a dispersary humanity should not to by field with he the experiments of those sector. He had given the require a bar trial, he had treated above 1 store 1 to para not become must render, on percurped of the Habitersanitavins themselves. M. Initiarits had continued the medicines, and cover requisite care nois pro material ance duce observed yet in not one instance was he succeeded. He had wend various experiments on his own person, and several other professional friends had followed his example, in order to accertain the actual effects of the homicopathic doses, but the results were not as liabase. mann and his disciples described them. He W Australi had taken quining in the prescribed globules, but had contracted no interestives. fever; he had taken acouste, but without being affected with syne toms of plethors; sulphur he took, to try if he threshi sales the face, but he caught nothing; nother, now smallewing certain wishelds of arnica, did he feel pains as if he had suffered continues and so with various other aubitance which he and his fireads trok in westured in the Hahnemannian precupts. With respect to the attempt to sure disease by this method, he said that in every instance he was obvious to return to allowathy, manuscub as under the homeogenthm treatment the symptoms went on from best to worse." (Hr. Binnson, P. 175

"A German honomopathus observes Dr. Loss, practioning in Francia, was invested by the firmal Duke Michael with full positive to prove if possible by a comparison of facts, the advantages of foundation measures over the ordinary modes of treatment, and a configuration mainber of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its in the wards of a mother of pate its interest of pate its interest of pate in the wards of a mother of pate its interest of pate its

to his care. At the expiration of two months, however, he was not permitted to proceed further. For, in comparing results, it was seen that within this period, out of 457 patients treated by the ordinary means, 364, or three-fourths, were cured, and none died, whereas by the homocopathic method, tried on 128 patients, one half only were cured, and five had died." (Dr Lee's Homocopathy, p. 26) The Russian government, it is further stated by Dr. Lee, tried in two hospitals the comparative treatment of a number of patients with homocopathic globules, and a number of other patients with no drugs of any kind; and the results were found very similar in both instances.

The medical council therefore recommended that the homeopathic treatment should be discontinued for the following reasons —

"1. Acute diseases require energetic means of treatment, which are not to be expected from homocopathy. 2. The homocopathic treatment of external lesions and surgical diseases is altogether out of the question 3 Some slight affections get well while under homocopathic treatment, but similar affections disappear equally well, without any medical treatment, by the adoption of an appropriate regimen, good air, and cleanliness" (Dr. Lee's Homocopathy, p. 27)

At Naples, too, a commission was appointed to examine this system, and came to the conclusion—"1st. That the homeopathic treatment produced no effect. 2ndly. That it had the serious inconvenience, in several of the patients, of preventing the employment of remedies by which they might be cured." (Ibid, p. 29)

Dr Lee further states, at p. 20, "in looking over the history of several of the cases treated at the London Homeopathic Institution, I found, what might be anticipated, that they were very analogous to the above, viz., the ordinary slighter ailments usually met with in dispensary practice, which seldom require a long treatment, though most of the cases reported in the Homeopathic Annals required two, three, or four months attendance before the patients were dismissed." Again, 'we have had, I think, sufficient proof that disorders and diseases are of much longer duration under the homeopathic than under appropriate allopathic treatment, and also, that in acute and serious diseases the mortality of patients homeopathically treated greatly exceed that of those treated by the ordinary appropriate means." (p. 21)

In conclusion, therefore, we consider that homomopathy is unscientific in principle, and, as just shown, unsuccessful when applied to the treatment of disease, and leaves the case to the unaided powers of nature, sometimes even increasing the disease present, or entailing a lingering recovery

140 ON THE INFLUENCE OF VIPALITY FOON THE EASTERNAN

BY I'M T BY WAY, BURNESHIP

The the security gaser in the first security with the material of the earliest the earlies grade to the third the security of the control of the security of the control of

All of an arreptory or less form one that or fight for expect on the matter respect on the translation of th

But we know from experience that the visit is set does not recondictly leave a limb after it has been ampointed, and it becomes therefore, a quistion whether vite ity may not a so secure in a constitute for some time after expulsion from the best of the world do the excretions loss their expulsion from the best five as a surpresentable result period for is there a period during which they successfully result chemical laws? An it is not period on at, it is defined for all? The the excretions of some documents extend the precious major than those of others? and if so can we assemble that the enteriors in any way

with the condition of the militarial at the tone !

My attention was first called to the mabout in the Scharoft manper. When M. Leslayen come to Lieuspead, about twelve some and, to demonstrate the desilorance nower of his "discolarizate" field with other experiments, the following was made. The alvine deportment of a cortain munifor of maticula. In with force and earning other dimenen. were all placed wite by sale, to the number of tilety or more in a small room attached to the peoper hospital. They seembed all night in the chamber, and the next day M. Lederon emmarcial electronic After demonstrating the general advantages of his compensal in true eceded to aprinkle a few strope of his diluted mixture but seek wherail. The amount ment was the raise in such case, his the appearance produced varied immensity, and according to the chemical change was excessive or otherwise, be undeed of the use fitting of the individuals who had passed the "materia" "Ten persons" be would may " in not very bad; that were is accounted its their one in decimal this one is nearly dead ' &c. As his observations were correct, be was asked how he judged of the danger the patient was in ! His reply was, "that he had found, in the course of his experiments, that faces decomposed rapidly or otherwise, according to the debility of the individual passing them"

For a long period, the principle here enunciated seemed to belone to the class of interesting but useless facts. More recent observations have, however, shown that it may be turned to good practical account.

If any one will diligently consult the napkins used by infants, he will find that during the time the motions are of a good healthy vellow colour, they have a piculiar odour, which they retain for twelve hours at least, but if from any cause—e q., debility in the nurse, or mappropriateness of the food—the child loses its healthy condition. the motions not only change in colour and consistence, but in smell and decompose in a very short time after being passed. Where there is diarrhum and excessive depression of the vital powers, the motions are often found to be decomposed in a few minutes. We may notice. too, that a similar result is met with at the same time in the other secretions of the child, and that the urine decomposes quickly, and the breath is foul or sickly.

But it is not in children alone that this change may be detected: it is equally evident in adults If, for example, the doctor is called to attend a case of diarrhoea, where there is always more or less debility present, he may consider it necessary to inspect all the alvine discharges that take place. His visits are at intervals of twelve hours only, and he has on each occasion placed before him perhaps as many as six motions in different utensils. He is probably struck with the different odour exhaled from the various specimens, and notices a difference in the colour, but a few words from the nurse soon explain the mystery The dark brown stinking ones are those passed the longest period ago, the healthy looking and smelling ones are those passed only a short time before the doctor's visit

Simple though this fact seems to be, it is one which is not universally acknowledged and acted on, I have known "motions" which have smally become decomposed taken for "foul secretions", and the patient dosed with mercurials, under the impression that they would improve the condition of the bowels. The result has been what might have been anticipated, the patient has got weaker, and the bowels no better. The following case came under my notice some time ago. It is valuable as illustrating the danger resulting from mattention to these points.

An elderly gentleman was under treatment for indigestion was improving upon a tonic plan of treatment, when he was induced by his friends to have "a second opinion". When the physician called, he was shown a motion which had been passed twelve bours it had undergone decomposition, and was pronounced to be extremely 'viriated' and, with the intention of improving the secrefrom a mercurial alterative was presented. The next broke has a WHATER READ WHATER WAS RECORDED FROM HER SEE GROWN TO THE HIS FOR HER ATT THE PROPERTY OF BATTIE BAN BERBE BANKASPIE ESPOS BERPE MERCHAND . F . CONTENT THAT SEE A PLAN AT A TELL OF THE PARTY OF withfully the time the three parties that the second THE HOPETURE WATER THE PER THE HER AT LETTER BY LIFE SE THE BOARD AND A STREET A LOCAL CO. unity the in this tick to a few a storage of the following nature of to be decomposed at we can in usa. In the top of the second control of the mangagemental are known for the and the second of the seco 韓雄島 動性衛衛性動物性病的結構性具有特殊 机自动扩射性 经 编织的 2000年 5 万美 1 200 1889 1987 1987 1 that the man was betting the following and in a two the in the the made no did but a section we transcript to the end on the contract the strength. It was there had not not then not enterprise was not rock, week, to the adia their the rest in many is much in many mil town ** MEDITALIES " BEIG CATTORIA" TENTON THE TENT OF LL SE ON LOTA THOSE MALE FRANCIS White they were manufacted, the same or her A ? and may recent as as the first examinations, but they exiled not be a county than ever, and the most recent ones had begin to stopp to release It was reduced to anow bein the expension of the track that time remarked, "that with such exceptions of the was graded one on sety for an alterative than every . the still sail 'shall average as he had been the effect of the almost on which the got, or had almost taken, the somer they were suspended the latter. This and to a warm debate, which was ultimately nearly them a great extrement Thus "Nurse, which is the last motion passes," state star beautive looking one: "How long has at laten passes," to recur "We are was the appearance of the other motors a whole to give a provide "They looked precisely the manin as the one first referent to." I have they have all changed in appearance some they were placed here!" "Yes." "Its the motions change to appearance box more rapidly than they used to do !" " Yes " This confirmed the idea that Him "vibiated character of the exerctions" was so to speak a roof passions atmonrance, and simply indicated a smaller around of vital force in opposed to chemical, than is usually concessed by vital provints when separated from the body. The termination of the rase showed the justice of this view, for the rationt's strong'h continued to describe, and he died shortly afterwards of pure debeloy and expansion. It is useless to speculate upon what might have been the result had the phenomena been read correctly from the Souls

As decomposition takes place in the always sprinteness very require in fevers and all diseases marked by growt dishifty, the inscriptional must ever have his attention alive to the fact, that what be calls "vitiation" may be more apparent than real, and a righ which wife for stimulants and strengthning scandies rather than exceptional alternative medicines, whose invariable effect is to cash in weak patient weaker.

The executions of the houty bring constructively few, and he wider reasons, we cantied procedule our majorites into the influence of white upon them in the same way as we did concerning the function of secretion. We are not in the habit of requesting our patients to retain their saliva their tears, their leucoirhoeal or catamenial secretions, &c., for our inspection, consequently we know little about the phenonieum of decomposition in these fluids and the changes effected thereby

There are, however two other excretions with which we are tolerably familiar, namely, the breath and the urine respecting which we may say a few words. As a general rule we know that the breath of healthy children is free from any odour perceptible to our senses, and we may say the same of the tof healthy adults. But as soon as a child begins to suffer from debility, we know that we can recognise in its breath a variety of unpleasant smells, which we designate as sour, sickly of putrescent. These od mrs are increased in intensity and duration by every cause which tends to augment the existing debilityand they go away as soon as the health is restored. In adults the influence of debility in producing 'foul breath' is very remarkable. I know individuals in whom it is invaliably produced by a day's fatigue by the occurrence of the catan enia, or by the too produgal use of aperient me lames. In these instances, it is cured by wine, tonics, and rest, as certainly as disirhosa is checked by opium, &c In others, it comes on in consequence of indulgence in such passions as anger, or from excessive fear, anxiety, and disappointment. In others it precodes and accompanies asthenic indicestion and in them a debauch is as surely followed by foul breath as it is followed in others by nanses and headache Of course it may be argued that this foul breath is not due to decomposition of the expire an after it leaves the lings. but simply to the exhalation of 'crudities' already existing in the blood I acknowledge the force of the argument, but it matters little which solution we accept, so long as we recognise in such phenomena. the presence of impaired vital force, and the necessity that exists for adjusting the work to be done to the constitutional power to do it.

There can be no such difficulty respecting the urine Under ordinary circumstances, this excretion continues for about four-andtwenty hours, without undergoing any perceptible decomposition; but when the in hydre it passing it is weak, decomposition takes place with a rapidity varying according to the amount of debility present; nay, we may go further and say that in some instances—as in paraplegia, where the vitality of the kidneys and bladder is very low -the urme is actually decomposed ere it leaves the body decomposition is recognised in various ways by the smell, by the occurrence of vegetable growths vibriones, tornly, &c., by the

about int formation of ammoniacal salts, by turbidity, &c

It is scarcely necessary to remark that we are fully alive to the fact that atmospheric conditions have a great influence in promoting the rapid becomposition both of urine and freal matter. What we want to call attention to is, that if on a cool day and in a cool room the write of a patrick films evolution of headquest in in twitter had a lateral relation of the explanation of a definition of the film of the explanation film is any or the explanation of the second films and the second relationship for the transfer that is a fix the explanation of the explanation of the explanation of the explanation.

A medical friend sent me a first former a first a term or received that I would give my or comment of the entropy of the property of the entropy of the entr

The following was the train of argument. As there a an absence of much vesical minus triple phosphates de tour is preumptive evidence against the idea of vesical or renal disease. There is their general debility, and the presumption is that there will be at high in all the organs of the body and crossquent diseases of timetion. The signs by which dedicent visal power in the brain and nervous system, in the respiratory, digestive, ardiac, and if it is not neither than the respiratory digestive, ardiac, and if it is not a significant power than mentioned and the notwended by recommending a strengthening plan of trealment. To reply to this communication, my friend reported that not only were the symptoms correctly described, but that some had been mentioned in the note which had not been recognised before its receipt. The phase anggested tabled entirely with his own views, and he felt his bands proportionally strengthened thereby

The practical conclusion to be drawn from the foregoing observations is obvious. If the physician finds that the exceptions of any of his patients decompose more rapidly than they would do during health (under the same extended currented and regulations of light air, and hear, he may feel certain that the vital powers are remously impaired, and if under the training his about the decision occurs at an outlier period to an it did before their is remove to impure whether such phenomena is due to the augmentation of the document of the decision administered for documents in the beautiful for counteration whether the plan of treatment in to be further developed in the same direction as in fire, or as an fundamentally classical.

Normalis a matter of so alight importance as a conditation single appear. Many seem to think that the street simplest states in the simplest states in the world to enable a patient to regan strength, and, consequently.

they care little about employing medicines which, while they reduce the powers generally, seem to have some special influence over particular organs. But it is by no means an easy matter to enable a patient to regain health; and any one who systematically endeavours to do so, will have to acknowledge that it is one of the most difficult problems in medicine. It is easy to reduce the strength, for that we have a host of drugs; but directly to increase it, we have literally none.—Brit. Med. Journal, June 11, 1859, p. 461.

141.—On Trucheotomy. By F. C. Skey, Esq.—[Mr. Skey made the following remarks on tracheotomy after operating on a child in whose traches a tamarind stone was lodged. The stone was discharged through the opening by a sudden cough.]

Trachectomy is an operation not very readily performed, and still less so when it is required to open the trachea low down in a child by gas-light. It is not always easy to hit the exact line of interval between the sterno-thyroid muscles, and this can only be effected by dissecting quite vertically from the surface, on which the outer wound occupies exactly the mesial line. When exposed, the trachea should be opened freely, without regard to the thyroid isthmus. Unless time be an object of consideration. (and it is rarely so urgent as to require the operation to be hastily completed.) any reasonable number of minutes may be devoted to the entire arrest of bleeding. The size of the aperture in the traches will depend on the motive dictating the operation. If for the escape of a foreign body such as a plum or a tamarind stone, the opening should be large—in truth, as large as it can be made in a child of five years of age. In the case of this boy (as well as in that of a child operated on by Mr. Paget last year, who adopted my suggestion of considerably lengthening his incision in the trachea.) the opening was very large, extending, I believe, through at least five or six rings of the tube. I doubt the expediency of the attempt to remove the offending body by means of forceps of any description yet invented. Preferable is it to await the return of cough, which, in the act of expiration, will inevitably carry the foreign body with the current of air through the larger and the nearer orifice in preference to the smaller and more remote. Inasmuch as we are supposed to be acquainted with the nature, and therefore can form a tolerably accurate idea of the size, of the foreign body, we can in some measure judge of the magnitude of the opening required for its escape, I am not aware of any great increase of danger or difficulty created by the division of a greater over a less number of rings, or, in other words, in making a large opening instead of a small one.—Lancel, Aug. 13, 1850, p. 169.

FAR HANN THE MANGEMENT A

lig I. W. Noun. Emp., Invalent surposes to the Middlemer General

Instances of the pass to the change or contain paratrulers, of design or learned of instances of design or learned of instances process. Specialization is the restrict of the dring that, even in a state of the change of the dring that, even in a state of the change of the dring that, when in a state of the change of which where is expedite of the drings of the process of the change of the state, attack excessionally found, the increase of which ratio is take, attack excessionally found, the increase of which ratio is take, attack excessional numbers of the increase of the change of the state of the procession of the procession of the change of the state of the procession of the increase of the change of the state of the change of the

The object of this communication is, however, and it discuss the physiological questions which instatally acree in the consideration of such a subject, it is rather to offer an instalment of facts. I such the less willing to solunit any theory on each a parety meshed subject, since I have persived that Dr. Hyde calter from whose able parameter information may be executed, in his paper on the Varieties of Asthma, Edinb. Med. Journal, May 1869, promises to roter fully into the subjects of hay asthma and asthma from animal consisting

Case 1. Parantum by Rev and M., an occasional patient, cannot entries in any shape without extreme distross. From the description given of his symptoms. I believe spanneds as these to be the cause of his disconfort. On one occasion, when at a disconfort, be felt the symptoms of rice-poisoning come on, and was, as usual, shipped to retire from the table, although he had respected in an entrance of any dish white soup, with which he had commenced his discort had been thickened with ground rice.

Case 2. Rice Pointing.—A gentleman wing as in the preceding case, could not eat rice "without being so "wated," took lunctions with a friend in chambers. The law was simple—bread, cheese, and bottled beer. On the usual symptoms of rice-possening wining him, he informed his friend of his perduarity of countries. The symptoms were explained by the circumstance of a low grains of rice having been put into each bottle of beer, for the juntime of exciting a secondary formentation.

tion 3. A gentleman, some time since under my treatment for stricture, informed me that he could not cut first without experiencing a meet implement formication of the palate and lances, and that the fine dust from whit peak positived the same semastron, accordipanied by a running at the nose. The father of this gentleman

suffers from bay-fever at certain seasons.

Case 4. Mr. P., himself a gentleman of a peculiarly nervous temperament, states that his father cannot endure the sensation produced by handling a russet apple. He also communicated to me

Case 5, that of Mr. T., who cannot remain in a room in which there is a cooked hare, on account of the peculiar effect produced on

his system.

Case 6. Miss -, after eating egg, suffers from swelling of the

tongue and throat, accompanied by "alarming illness."

Crose 7. Miss —. In this case, somewhat similar effects follow the taking of honey of any kind, and especially honey-comb, into the stomach; viz. swelling of the tongue, frothing of the mouth, and

blueness of the fingers.

Cuse 8. The following is an extract from a note received by me from a lady, who says:—"I had on three mustard plaisters—one on the threat, one on the back of the neck, and another under the left shoulder. They remained on half an hour. Cotton wool was applied on their removal. About thirty hours afterwards, a painful stinging sensation commenced in the back of the neck, followed by violent twitchings of the nuscles of the face, arms, and legs, which continued in regular succession through the whole night. It yielded, after about twelve hours, to hot fomentations of poppy-heads applied to the back of the neck." It cannot be ascertained that any medicine containing strychnia was taken.

Case 9. A gentleman, a member of the medical profession, with whom I am well acquainted, suffers from nettle-rash after eating veal. Veal has the reputation of heing particularly indigestible. The above instance of the production of urticaria from its use is, doubtless, not

an uncommon one.

Case 10. I have been informed of a lady who cannot remain in a room in which there is a cat. Although the cat may be concealed, the lady's peculiar sensations immediately declare to her the presence of the animal.

Case 11. A patient under my care, since dead of cancer, was invariably thrown into a state of nervous excitement by the exhibition of

the compound infusion of orange-peel.

Case 12. A personal friend of my own suffered from erythems nodosum after eating shrimps, although these were perfectly fresh. I believe shell-fish generally is particularly liable to excite unpleasant consequences.—Brit. Med. Journal, June 11, 1859, p. 460.

143.-ON PURE WATER.

There is not any form of sanitary improvement in which medical practitioners and officers of health are more highly interested than the supply of mechanically and chemically pure water for household and Trustable consentables for the the from it the great with all on money measurable that parishinature of the Thanka this macropal cour materious 147, we largetime in arms gar cally confronted in whatever our or expails and chemply remove the mornal possible and potential abusernatives with which the field in our care con and a store example selection entire who AND hilberta, the season in bouriese. Here a cabutanium read labelly been, loopen dured to the vitue of volcinite min, as a more intermedad paintness. turdicates, of which the consistence proceedings to be of the remarkable as after such or that they is every a correct to every the continue that nent chromata and sumitarian. This authorizes is the following particle of lease, or energy to earliefy of resp. the exception of which bure been investigated by Professors drand and charle, and He Ther Properties, and are very ably electrical by real latter appoint fourth of interesting bitter lately marked, and addressed to Mr. Charles Mar-P.R.S. As a mochanical filter, the cartedo of iron is possible by effective and rapid in its action, by virtue of stability magnetic sower for it is by the incimeter attraction of the light builds wild in observasion by water that meetianical ditera deporate, such as west and and as we similar media, effect filtration. Where the magnetic power is tow a tinely-grained layer of littering material most be employed, and the higher the numbers power the course may be the course the larger the interstitial abaces, and there have the more participe Sitratum. The fact stands as to the considerable power of the parinde, and thus is the theory by which Mr. Spencer explains it.

The chemical parification of the water is effected set user remachably. The magnetic eachide powerses the singular power of attenceing except to its surface, and condensing it there, without entering into any chemical combination with the gas, aithough catalytically affecting its properties; just as a magnet will attract a loose bear of iron filings, polarize thom, in armaging them in stim, and endow them with properties other than those which they passessed before. It will be remembered that Schlönlein first observed that the sayoun of the atmosphere in the vicinity of an electrical machine, which had been recently employed, contained an oltered form of may me which he called ozone—a form of oxygen which possesses all the powers of that gas in an intensified degree, and has the great quality of combining with and neutralizing every kind of noxuous nerly of organic caugus This ozone, the great natural agent of parification, is generated in quantity on the surface of the proto-earbide, and energetically many feath its presence by the exercise of his splendid eventual powers of purification. Passed through this filtering purdiam, water is decrived of all colour, taste, and odone: nearly all deleterants goes which it can contain, as sulphuretted or phosphuretted hydrogen, are readered innocuous by the forced combination with axygen, with water these treated has been proved by Mr. Spencer to have no action on lead: and, finally, water so tiltered has very little, if any, tondency to give high antequarently to muital or so which a granians.

These properties are so valuable, so highly interesting in a chemical and physical point of view, and so serviceable to the sanatarian, that important results must arise from the further application of the powers of the magnetic carbide.—Dublin Hospital Gazette, Aug. 15, 1859, p. 255.

nangy cur, and having read in Magendie's "Report on Strychnia," that the sixteenth of a grain will kill the largest dog, determined to make sure of this very little animal by giving it about half a grain. But either Magendie's statement was incorrect, or the drug was adulterated, for at the end of ten minutes the dog, though suffering frightfully, was not dead. Dr. Bewley resolved to put him out of his misery at once, and accordingly mixed half a drachm of prussic acid with a little milk, and put it under the dog's snout. He lapped the milk with avidity, and in less than a minute vomited, got upon his legs, ran away, and recovered.—Med. Times and Gazette, Aug. 6, 1869, p. 149.

145 .- Tests for the Purity of Chloroform .- M. BERTHE gives the following directions in the 'Moniteur des Hopitaux .' Chloroform may contain chlorine of elai-line, alcohol, various chlorides, amylic and methylic combinations, and aldehyde. By adding caustic potash to chloroform, containing chloride of elaidine, the compound is traveferred into chloride of acetyle, the fector of which is immediately noticed. In order to ascertain the presence of all the other compounds which may be mixed with the chloroform, especially alcoholic compounds, pound a small quantity of bichromate of potash in a little chloroform, and add to this mixture a few drops of If the chloroform is pure, a reddish-brown presulphuric acid. cipitate of chromic acid is formed; if not pure, the acid is reduced, whilst the precipitate, or sometimes the liquid itself, assumes a green colour, dependent on the presence of the sesquioxide of chrome. - Lancet, Aug. 27, 1859, p. 218.

146.—The Male Fern in Snake-Bites.—We learn from the Journal of the Society of Arts' that a public trial has been made in Melbourne of the value of an autidote for snake-bites said to be known to a Mr. Underwood. The experiments were made in the rooms of Messrs. Easy and Co.. auctioneers, Collins-street, in the presence of about five hundred spectators. The snakes employed by Mr. Underwood were a whip-snake, about fifteen inches long, and two diamond snakes, one about twenty inches, the other three feet six inches, in longth. The larger of the diamond snakes Mr. Underwood provoked till it but him on the lower part of the forefinger. A rabbit was

hatten several times by the whip maken, but to the star sach but you the star wash but Mr. Underwood appeared to be in any way to inconsecutive to but between The experiments were declared, however at the base howe materiactory, and the sorest of the anti-base may be severaled.

In the same purpose to sum that the following extract from the

'Hobart Town Moreory

"According to the 't crimal thromcle,' the overet so long you fined to the heart of Underwood,' in reservence to be a unsatisfie to you be of snakes bas at length been discovered, and the common composition made to be a discovered, and the county of the receivery someon plant has been long known as a square of the room of worms, expecially the tape wearn the powdered roof being properties and for this purpose, but from circumstances which came raily used for this purpose, but from circumstances which came transpired it would appear that Underwood now a did atom or broth, of the leaves near the root, as being account, perhaps, than those near the apex of the plant. Its power eight probably being mented if used in the form of atomities, that is, with an earne of the leaves steeped for a fortingle in a pair of rim of brainly, in which state it could be kept for any length of time, if well eached without deterioration by feriagnization or otherwise."— Laguer 127, 1859, p. 223.

147.—Arsenical Poissang Goal Effects of the Lebburg of Iron (Sesqueuxide, p.-1. Union Médicale of the 24th out gives as extract from the Italian journal. Is Filiatro Selvene, in which pages M. Trapani has published a case of poissoning with arreace. After emetics had been ficely used upon the four patients affected, who all presented the usual symptoms of arsenical poissoning, the indication was to give the hydrated polocycle of iron, the sitisacy of which is such cases is universally acknowledged. But it is and always easy to procure it hence it becomes important to ascertain whether color martial salts will not to a certain extent, in the same seamous The carbonate of iron (or rather the sesquivayide, as the emborate, when kept any time, some passes into this start was hore given, and with the best results.—Leaves, Ang. 20, 1859, p. 189

148.—ON THE HYPODERMIC TREATMENT OF DISEASE

By Charles Huntun, Esq., late House Surgeon to St. (ecosys s. Hospital.

In a previous paper the writer detailed same interesting cases; sea Retrospert, vol exxix. p. 500; of which, at the countries account of the present one, he gives a slight sammary?

The cases detailed were fifteen in number, undo ing the two in which I first tried the local importion of Dr. W. w.i. A brief of some of the cases is the more causeful or y for their reasons. A strip, because in

all of them the same narcotic, the acetate of morphia, was used; 2ndly, because they had all been under other treatment previously without avail, and in most of the cases it was the same preparation, administered either by the stomach, or skin, which had previously failed.

All the cases were affections of the nervous system; nine of the brain, two of the brain and spinal cord, and four of particular

Although a narcotic, and the same narcotic, was used in every case, it was not always with the same object; thus, in some it was to procure sleep, in others, to ease pain or allay spasm, and in others, again, to attempt to palliate or cure some neuralgic affection.

Three of the cases were neuralgus, which had all failed to receive benefit under other treatment, although in each case it had been very varied. The two first received great benefit, firstly, from Dr. Woods, plan, and subsequently from my own, as stated in the Medical Times, and Gazette. October 30, 1858; but the ultimate result of the treatment in these two cases has not yet been given.

Case 1.—The man with constant tic-douloureux of four years' duration went out cured, the injection of the morphia being at one time used three times a-day, so as to keep up a full and continued influence to prevent, as long as possible, a recurrence of the attack; it was then gradually left off, and the man went out free from neuralgia about a week after the cessation of treatment. The injection was always made in one or the other arm, the site being varied each time; no local inflammation ever occurred, nor was there ever any sickness.

Case 2.—The girl with neuralgia and disease of the eye went on with the treatment till the pain gradually diminished; she then left the hospital. The treatment in this case, owing to its nature, could only be palliative. The disease has now attacked the brain (having destroyed the eye), and she is now (June) being treated by this plan of treatment in another of the London hospitals, as nothing else seems to ease the pain or give her sleep. No sickness ever followed the injection of narcotics, but frequently did their administration by the stomach.

The third case of neuralgia was cured by a single injection, although the case had resisted many other forms of treatment. Sukness took place in this case, and was considerable.

The cases of delirium tremens were two. Morphia in the first, and opium in the second, had been given in large and repeated doses, with no decided effect. In both, the first injection caused sound sleep of many hours' duration; and both went out cured in a few days. There was no slekness in either case.

The carry of marrie were two. They both showed that sleep could rapidly be obtained by the injection of morphia, which effect had not

lmon obtained by desir as farge, and farger (e.g. a. de stomoger). Their was no singular so in eather 1997.

In the first case of processed council the enjoyens a man and node council sheep followed in regist of order. The publical satesparethy recovered by this interpolational council to the following on the other case, meetal approximation of a majorphic many step following cach time. There are recovered in the case, where any exercise is a respective council sleep following cach time. There are recovered in the case was an exercise to be a superconstant.

In both the cases of consequence, many successfully in land, and is one patient excitement, almost income accounting to historical successfully a single capet, in.

In the case of choices the about at the intent, is was always made report, sleep resultant in about home admits a disconsistant or approved was large, and if a nell, the vectors of the a average at a continuous or arrested. For sinkness was rape produced.

In the case of tetans is deep consists at the constituent of the appeared remained mustberted. In a second consent the action of the the test ment has been used, two best ment has been used, two best ment also allowed the opening and afterwards the patient destal for second burn background had two previously given every hear without other. The second were every violent in this case, and were observed to reaso direct pairers.

Both cases of solution went out for from all parts, the one that was cured was a little such after the first not rion, in the stand rose the pain returned in a milder form.

Such was the result of the treatment in the eness sives by query, the result was different in the various cases even as the edgest was different with which the injection was employed. Place was the result in most cases, but not in all, spaces was quested in seas, and pain was relieved or cured in others by a surgle or by same injections.

With regard to the sleep occasioned by the injection, it sends not be looked on as a necessary effect of the treatment, it may believe as once, after a time, or not at all according to observed above. These deany follow—Aboves, if the quantity is present in large and the object is less to ease pain than to procure sleep. Above a blook filling contity is large (say one grain of ne-option, and it and pain except, in which case the pain is generally quotes therefore and deep hallow a from fitteen to thatty nighteen. Not at not, also the quantity many on, in which cases, as the quantity a small, the whole effect of took narotin is expended either in substant the pain and opens, in allow one the excitement.

The thrownial Nichoca, ... In this fiftiers ones, encloses vessioned in only two, in one it was distributed in the above her way distributed

In conduct some of these sales, if which I have setting acknown occurred in tour, in one it was entwick table, and in the others to be extent.

Considerations the that he was a male over emely one particular to the of these weapons

of very nervous temperament, and both suffering from tic-douloureux, had considerable sickness; in the other four, all men, with sciaffica, the sickness was trifling; in fact, the patients themselves thought nothing of it, nor did they think it due to the injection. This cannot be called a large proportion when it is recollected how often morphia causes sickness when given by the stomach; I have constantly seen it in quarter of a grain, and laudanum in equivalent doses, cause sickness. So administered.

The time when the sickness comes on varies; in the two cases in which it was severe, giddiness and nausea were felt almost immediately, then faintness, till in about five minutes sickness took place; in both it continued on and off for several hours, with intervals of sleep. In the four other patients the sickness did not come on for many hours, in fact, only as a kind of ultimate effect of the morphia

after a good sleep.

Cause of the Sickness.—From the preceding remarks it appears that sickness may be looked on as either a first, or as a last, effect of the narcotic. That when a last effect, it is but trifling, coming on after many hours' sleep, preceded for a little while by nausea, and disanpearing generally after the patient has been once or twice sick, with scarcely a straining effort. A slight excess of the narcotic may be looked on as the cause of this sickness. But in both the cases in which the sickness was urgent, the patients, both women, besides being, as above stated, highly nervous, were both badly affected by narcotics, however administered; in both, the quantity injected was less than was employed in the cases where slight sickness ensued, and in many cases where none at all took place, -in the one less than a third of a grain, and in the other a little more than half, was the quantity injected. The cause of the sickness in these two cases, as it was so immediate, seems to have been due rather to a peculiarity in the constitution of the patients, than to the amount of the narcotic employed.

Ought the occasional occurrence of severe sickness to cause the injection of remedies to fall into disuse? I think certainly no more than it ought the introduction of narcotics in other ways, because sickness occasionally follows their administration. But as medicines, hypodermically introduced, act with greater rapidity and effect than when administered by other methods, it behoves us to be the more careful in the selection of proper cases; and where it is desirable to employ the treatment in such cases as the two where sickness occurred directly, to inject a much smaller quantity than usual; for it is not improbable that in those two cases, as benefit resulted in

both, that a still smaller quantity would have sufficed.

The Choice of Cases.—This plan of treatment is no specific; because it acts marvellously in some cases of neuralgia, or of pain, is no reason why it should cure all. For this reason, a due discrimination of cases ought to be made. The same caution is given by Dr.

Wood in his paper on the treatment of morraig any is of non-close injection of "Another continued mould offer by studying transmitted proper patient for the use of the seconds." When he employ the injection, and when not not a depend in the general may so the political in example as the further defined, the injection of the disease, its injection of the injection when the injection of the disease, its injection the injection when the

There are some cases in which I train the hopedecome respection may almost be employed as a rate, and he get in figure before come a feet by the adoption of other measures. I know these maps of superceival excitement, of distributions to make an influence in which the specify alminimentation of a narrotic is indicated. For this interest after the rature, and of pre-many seems already detailed across cases of the nature, and rould give many seems that there bandly seems the measure, in their place, to present sleep and allow excitement is the object, and that as were as prescribe; the stomach is often irretable, or in such a state that it was any about medicines, the patients aften refine beautiful, averagely, and active made of treatment than the more ordinary one of demandial advantagement structure.

There are cases of sudden violent, acute pain, in which the legaction might also be tried as a primary measure, for metasor, throng the passage of a renal calculus, in such a case the pain is at three almost insupportable, and as the stomach get quiesly irritable, such ness often taking place, another reason is furnished for the trial of this plan.

Then there are cases in which the injection ought not to be tried at first, but after such general treatment as is clearly indicated has been first tried—such as jarging, or the internal administration of alterntives or tonics. The dealerness, solution, and many other neuralgic affections are of this class. In all such cases, the discretization being made, it is astemating what terretic follows the injection in most cases, and how quickly in many, a core is effected by a when other treatment has altogether failed. It is often, too, in those cases the origin of which is must obscure, that the injection section asswer best.

Rheumatism is a disease in which consistently the use of the injection into the cellular tissue and he found toghty netviewable. Two cases have been treated by it at St. George's H septial.

1. (Cose 10.) Under Dr. Page, a main almost crippied by thesimatism, had the pain greatly mitigated by the importain

^{*} My object in adiabing to this game of finition Microbin Jacobin & algebra 1897 finition. That we find a problem from the polaries and action of the armonic models for many discourse to make the polaries of the "Wood is the color of the armonic models for the "Wood is the color of the armonic models for the wood is the color of the armonic models for the armonic models is a greater of the armonic models for the armonic models is a greater of the armonic models for the armonic models is a greater of the armonic models for the armonic models in the armonic models for the armonic models in the armonic models for the armonic models in the armonic models for the

2. (Case 17.) Under Dr. Pitman, a man that could not move his arm after acute rheumatism on account of pain in the shoulder. The pain was removed by a single injection.

3. (Case 18.) A gentleman under my own care, who suffered acute pain in the shoulder and arm which prevented his moving the limb and sleeping at night. It was removed after two or three injections.

There are many diseases in which the pain accompanying them must be looked on, not as the essence, but as a very important item, which keeps up the disease and which prevents treatment doing any good, but which, once subdued, then the inflammation or whatever the case is, rapidly becomes affected by the treatment which it had up till then resisted. In such diseases the injection may do much, and that speedily, and certainly deserves a trial.

Case 10.—The following is a case where the patient, having a peculiar destructive inflammation of both eyes suffered almost uncontrollable pain, which was unexpectedly cured by the hypodermic

injection :--

T. B., aged 41, was admitted April 12, 1859, into St. George's Hospital, under the care of Mr. Tatum. For the first three weeks be suffered acutely, the conjunctiva of both eyes was greatly chemosed. red, and tender; for the greater part of this time he seldom closed his eyes day or night. Notwithstanding leeches, blisters, calomel, and opium, and finally morphia, a quarter of a grain every three hours. were employed. The injection of half-a-grain of morphia into the arm was then tried-it eased him for some hours, but did not cause sleep. Two days after the injection was again employed, one grain being used this time, the patient describes the effect of the injection "as something which instantaneously ran through his frame, round his head, and which seemed to go out of the back of it." The pain was rone, and he slept in about ten minutes. The sleep lasted six or seven hours. The patient went out about three weeks after the second injection, during which time he had no more pain, and slept well every night.

Thus there are cases where this treatment may be employed, and as shown above, with the greatest advantage—1. As a primary measure, at the onset of the disease, without delay. 2. As a secondary measure, general treatment being first used; and, 3. As an ultimate measure, to attempt to palliate or cure, where other treatment has

failed.

The Choice of a Naccotic.—This must depend entirely on circumstances, such as the sex, the peculiarities of the patient, the disease, and the object in view. It is not my intention here to go into these points as they require almost equal consideration before the administration of a narcotic by any method, but rather to indicate in this place the most eligible preparations for injection.

Tinetare; may, and can be, used with good effect. Thus Mr. Burns used equal parts of the tinetures of opium and hyosciamus. I have:

r throsphaigheal Bhuille thuise things are a maleumrataille arch bailte Deutsia reina istrain. 罗斯姆斯 高极 考别不成的 中部级,中部化,大规则的,是"经验的产品"的关系,和ASE 第二种的现在分类的种种的对抗。由抗心,从不不会 翻翻印载 化金铁铁 美国语行用 医双侧侧韧带 经现金的 医乳腺病 医脓毒 化甲烷基丙烷代聚 煤铁机工厂电路 化二氢甲酚磺酸 ารูดุกรร้าง ละเป็นสร้านหน้า มีเกราะ ราง บาร์ รับมาการ เล่นหนายา รู้ ซริมาโตระบาร์ จริ เพื่ เริ่มสายสร้าง โรกา การ มีเกราะ เกรีเกษารู้ (เล่) การสำราช การเกราะ เกราะ เกราะ เกราะ

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A substitute of the new table of treated on the the the openion of his or take I more than any other, propared with with with not bet in hims from exes us of that agent that is carbon but the bount correction. My Wilbumps, of Livergrand, with him they the particle is protected bride that is trements, has apayament to the time the employment of two well had set inco

phia on account of its mady solul this

A solution of the ampliate of abroquer is a good proposate of it. injection and not leable to irritate. I have sessed trains employed it, and produced maind shop with those wary of the method twenty and to to the our tenth of a years. The marking of this sail has been one ployed with a different object by Mr. Beapston like was to resulted not the effects of opinion possessing an first ouggested by he Ti rooms Anderson.

In Chloroforna applicable for Hypodericae Eugeria is 1. (Sincepture) is a narcotic which may be, with safety, injuried into the contribut tience in unyent cases: it regultly provinces described of stances, and

causes siceu.

I But chlaroform thus employed produces local effects to wrote cares which renders its employment thus unadvastide, except as stated to propert cases. The mither than count to the fellowing practical case. clusions, as to the value of middelnes injerial beneath the skin.

1. That cortain medicines may be introduced substhe colleges times beneath the skin with safety and with advantage.

2. That medicines as introduced have a property as well as a local officet.

A. That the general effect of resolution so introduced to exceedingly

ratiil.

The think their meritin of administration is not in the interest those stinuaries down per for the way carried in his way. and the whole of it takes which and my rear and he she came with stomach colonica.

3. Medicines are more purely received used the waters by the R. K. 401. Z.L

method than when given by the stomach, in which organ they may become contaminated or decomposed

6 A given amount of a medicine employed hypodermically has a greater effect than the same amount administered by the stomach; it also acts more quickly

7 A given amount of a medicine employed hypodermically has a greater and more rapid effect than when employed endermically

7 That the medicines for which this mode of introduction is espe-

enally applicable are the various narcotics and redatives

9 That the diseases for which this plan of treatment is especially indicated are for the most part affections of the nervous system.

1stly Where the immediate and decided effect of a narcotic is

re juired

2ndly Where narcotics administered by the usual methods fail to do good, and yet are indicated

sidly Where the effect of a narcotic is required, and the patient

refuses to sicultore

4thly Where from irritability of the stomach or other causes (such as idiosyncrasy, &c) the patient cannot take the medicine by the stomach

10 That to produce a general effect it does not signify whether the remedy be injected into the cellular tissue of the body or of an extremity

11 That to relieve or cure a local neuralgic affection there is no

necessity to localise the injection

12 That whether the object be to treat a local or general affection, it seems advisable each time to change the site for injection, should it be more than once required—Med Times and Gazette, Sept 10, 1859, p 253

149—Medicated Subcutaneous Injections.—Dr. Alex Wood's method of injecting narcotic solutions into the cellular tissue is finding favour in France M Béhier, an hospital physician of Paris, has made numerous experiments respecting this mode of relieving pain, and has communicated the results to the Academy of Medicine.

The fluid injected in these experiments was a solution of sulphate of atropine, six grains to an ounce of water, which gives a proportion of the liftieth part of a grain to every five drops of the solution. Fifty-three patients, affected with various kinds of neuralgia, were injected close to the seat of pain with this solution, tweuty-two others with a solution of sulphate of strychnine, in the same proportions as had been observed for the sulphate of atropine. A solution of muriate of morphia was also injected in a case of slight lead collections was always relieved, and cures were effected in all the cases where the injections were sufficiently repeated—namely, in thirty-one cases out of the fifty-three—Signs of belladonia poisoning occurred in all, which was combated by opium

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The man A for the costs. In the sold the many of the memorial at the sold that the sold the sold the sold that the

A neighboring medical friend fit for which address the point trial in our metance by an amateur and in the other acide has each supermetablesce breight me a specimental of the acide was supermetablesce breight me a specimental of the acide whith the case the curative fitted against a supermetable method which case the curative fitted against a substitution the varied means results reached to an acide which been shealthy but unseem results counted to a substitution to previously. A case of my volume that the results as a section at a previously. A case of my volume the triangular to a substitution of the amateur of the amateur of change in an acide considerably with such a court of it the amateur of change that the part of the method plant every part of it in three parts of water seewing it is an oven until two parts remain. The dose for an abilit is four or law find ourses three times a day, probably more may be needed by

It would be estriartery to know the remits which may arese form a further application of the remoty in other hands.— Med Trace and Gusette, Apr. 10, 1869, p. 268.

J. Rhodes. Esq. dissequed inverse de ma Lemann. Ity J. Rhodes. Esq. dissequed in receiping patients when considered, in apollecy, do, by endinery external stimuli, I have on a few occasions applied the impense practices on the chest arms and logs, in cases where hope of refutering extensional existed. In one or two minutes after the application the legs and arms have began to start, and the patient has violently after a set or into his chest, are the patient has violently after a set or into his chest, are the patient has violently after a set or market arms in general and in distance states. It might be maded in consistent at the interest in general and report it when them acted soft ments after the extended a transmitted of a set of the acted in the order of the acted in the order of the acted in the order of the acted of the acted in the order of the acted in the acted acted in the acted of the the acte

132-ON THE EMPLOYMENT OF COMPRESSED SPONGE BY Dr Batchelder

The compression of the springe is best executed by means of a copying machine or in default of this by laying it between pieces of board mon which he my weights are laid. If desired to be at hand at all times it must have been kept for weeks or months under the compressing power. When wanted to be used as a tent the conpression heald be effected by winding some thread or thin cord around is there of the in well moistened sponge, removing the thread after the stongs has become thoroughly dried. Or, the sponge may be soaked in a duti n of gum arabic before winding, and the tent afterwards smorther I into a proper shape by means of a knife is furthfully transfixing the sponge by an awl which is afterwards tem ved Por tent should always be prepared with muchage, and by t with witer when intended to be used for dilating the canal of the crevex atom, or any other part where moisture might induce prenorthic expansion is before it can be properly inserted, also when it is desirable to avoid rapid dilatation, which sometimes causes conan length fram and uneasures. When the tent can be introduced with facility, the muchage may be dispensed with, and when it is to be introduced into any internal part it should be transfived by a needle and thread ber its withdrawal

The production of thim, equally diffused and softened pressure by the application of plates of compressed sponge, and then saturating these with water, was first tried in inflammation of the breast. In the tent form it has been used to dilate the cervix uteri in sterility, diffcell mer trustion, and other affections of this part The tent should be introduced by means of a pair of long bladed forceps, or by fixing it at the cold of a small, round, slightly-curved stilet, about twelve unhas long, reduced to a point, with a shoulder about five-eighths of an such from its extremity. The portion between the point and the shoulder should be small enough to be received into the base of the tent, an I long enough to keep it steady when being introduced, while the shoulder enables the operator to push it safely home. When, on account of the smallness of the canal, the tent can only be introduced with difficulty the cervix should be dilated by means of fine metallic dilators, successively increased in size. They should be about an inch and a quarter lon, and have a thread attached to them, which being attached to the patient , clothes prevents their being dropped or lost in some cases a few days and in others weeks, may be required for such substation. The west should not be allowed to remain longer then twenty or twenty four hours and when it is removed the vagina should be well example tout. When it is deared to induce premitting had in the tent must be continuously applied or be replaced by a target after it has been in expanded. In cases of prognancy attended with hemorrasse we sametimes find the as partly open, but inflamed, The properties and the properties of the propert

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Direct P as Thene of the tree of security office . whetelver is the first two milting. It is a second of a milk to the control of th may bearing one a there is a sea they are a facility record the classic of the const will remove the expection of a resolute of times were maring to remove the district of the found by repeated again adom of the aronge. New cares to in historian of force, about in some mounts remembles carries of the wift parts. In this disease, but stem my yer. countries with our previous restance hereign here restaure course but necessaries witness of the locate general ter builts declared. In secretary raises from more in almarkor or vascular posterio by spotetic beath to an tither an templatus the market frame with transcence of brokery market, the collapse that have been apply. Builter may pred more to and produce and produce or an every or a Marketer in Marketernel and riche is banketing it will be to be a facility of the riches in the court of the first the entire matter estimates endution or algorithm in all in all in the Breferred it is also betalited indices more trained and there is no provided a "Your REPORTED WAY THAT THE WAS THEFT HAVE AND FOR THE STREET WAS THE THAT FOR PRINTING somethers, secressily or relieble decreased at the extention was a copy of reas Affilie erreinet in which get, will a de greitere in fier ere e et . . De iteite for the first children is a suffer to the graph of the graph of the contract o of the clear appel in the contract the north for the contract the cont also makes promite as the plant of the earliest of the contract of the particles and the contract of the contr and more explain. It as how hip is done and those may discovered by

the author accidentially, and he has since found most cases of cares yield to its application. Applications of plates of compressed spoage have also been very successfully resorted to in cases of enlargement of the hones, especially in syphilitic nodes.

Structure of the It its n—For dilatation of structure of the rectume the sponge tent may be used with great effect. It may usually be prepared without muchas except when there is much irritability, when it dilates to rapidly. In some of these cases its toleration has to be secured by introducing an hour or two previously, a superiority formed of watery ext of opining gi. ii, ext. hyosey gr. i., ext. belladon gr. !

Homorrhoods—The sponge tent introduced just within the sphineter may be successfully resorted to for the compression of hemorrhoidal tumour and also for the suppression of hemorrhage from the rectum.

It should be trav fixed with a thread.

Structure of the Crethin - A full sized metallic instrument should be first carried down to the stricture, and pressed firmly against it for a longer or shorter time, according to the degree of uneasiness it produces, when it should be withdrawn, and a tube, open at both ends, containing the tent and a piston, introduced and pressed against the When the tent has been forced out of the tube the piston may be withdrawn, and a few drops of water passed down the tube to the tent, which is kept steadily in or against the stricture short time the tube also may be withdrawn, and the tent having expanded so as to retain its place, may be allowed to remain as long as may be deemed necessary. To prevent all accidents, the sponge is transfixed by a thread to the other end of which is affixed a button. There need be no hurry in withdrawing the tent, the attempts at its expulsion during mictirition beloing to dilate the stricture. If the struture is very irritable, a few drops of saturated solution of ext. helladon, and watery ext opn may be passed down to the stricture half an hom before the introduction of the tent, the patient passing water shortly before the introduction of the tent or the solution.

Dilatation of the Female Urethra.—The tent is admirably adapted for this purpose, and when incontinence follows its use, this seldom

lasts beyond a week or ten days

Malignant Growther—Dr. Batchelder has found the sponge successful in some cases of cancer, and thus explains its operation:
"The pressure occasioned by the expansion of the compressed sponge distants the cancer cells, and forces them out of their place, affects their consistency, and causes them to be dissolved; and the tumour, thus freed from its malignant ingredients, may be more readily removed by absorption, or if not absolutely removed it may be so divested of its malignity as to remain harmless for years. This remedy may are immonstrately will fail when either the constitution or the surrounding parts are to any con iderable degree affected. The cancerous diathesis, even when somewhat apparent, does not, however, seems

to product its use, as man to seem to that, so the a a second product its use in a product its manufacture completes a transfer and a second control for a second companies as at the second its analysis of a second companies as a second companies as a second companies as a second companies and a se

Nucleal lease - two to the moneth to turned up on the widesers and the spence and spins variese properly models for a day or two incompress depends, may be once with spins where the spatients has become used to this connected sprope they be considered to the patient boing hept in bed in 1 the bandage of adjusted was a second to trivial of the glands of the grown is much promoted by the conserval advancements.

of an emetic.

Vegetations of the Olema Penns on Propose may be specially somes to by turning the organ up user the poles, and applying the Agenge 8.78 a bandage, a flexible catheter being kips in the streeters. The growness are often destroyed with great requiry, the greatest increasements

being the confinement to had

Non-independs Jumoura. Inharged lymphones glacife may be this means be speedly removed, and it is almost a certain means of preventing the supportation of bule. In some cases of enlarged inguinal glands a horizont trues, with a stiff of ring and a glass pad, has also been used, the prevente being graduated by interpreting pads of cloth between the spring and the body on one sole or other of the tumour.

Enterped Joints - Whether the enterpeasant has since from efform non-into the joint from synaptics, as from initiation of the collection these surrounding it, no remedy has succeeded like the spency, care

cially under the latter circumstances,

As a happine—This the author illustrates by its efficient in winners of the palmar and plantar actures. "The plantances attending these wounds are often somewhat peculiar. The blooch hered current sively rate the surrounding cellular substance—parings qualar the appnearous—seems to come welling out from a considerable either the surrounding realizable to find the wounded vessel. If the marriage be seemed again and apart with the bandle of a scaled, the extent from which the bond cames with the bandle of a scaled, the extent from which he had cames with the leavest deviate a research apart. I from the applied, and perhaps another the surface of devoted by a compress and bandage the wounded part to ug time trought to an another aughent the limb above, to which it may be becaused in scales in the closely as consistent with countril. I are unessenced upsacessed by the

mocedure may be relieved by extending the limb a very little from time to time, just to give temporary relief. Although it is undoubtedly a fact that the position of the limb alone will in most cases control the hemorrhage, in order to be mre I employ the sponge also. the influence of this arrangement of parts upon the arterial enculation of the hand and wrist I became accidentally acquainted many years ago, by failing to feel the pulse when the aim was much flexed at the elbow. On further examination, the same result, though less decisive, was found to follow the flexure of the leg on the thigh, and still more that of the latter upon the trunk. In some, these posttions will render the pulse at the wrist, and also the beat of the anterior and posterior tibials, very weak, or quite imperceptible at the points where their pulsations are most readily felt-a fact of too much importance not to be made available in practice, especially in the treatment of wounded arteries of the hand or foot to suggest the trul of position in the treatment of popliteal aneurosm. The object in such cases being the coagulation of the blood in the tumour, might not this be effected by bending the thigh upon the pelvis and confining it in that position for several days lessening its irksomeness by the administration of opium, or occasionally ether or culoroform, or by slightly altering the position of the limb?"

Variouse Veins — In a case recently treated by the author compressed sponge was applied over the internal saphena as it passes behind the condyle, and kept on by a vulcainsed India-rubber bandage. When the sponge was wetted it effectually compressed the vein, and the relief was complete — New York Journal — Med Times and

Girette, July 16, 1859, p. 66.

153.—ON THE CHRONOMETRY OF LIFE

By JAE, PAGER, Esq., FRS, Assist int Surgeon to St. Bartholomew's Hospital.

The design of this discourse is to illustrate the law that the precos-es of organic the are regulated with a regard to time, as exact as that which is observed by them in respect of size and weight and quantity of material employed in them, and to show that such an observance of time as characteristic of life, depending essentially on proper are inherent in the living bodies themselves, and not on conditions external to them Laws indicating the limitation of the cryana formative paracises, in respect of quantity, are evident in the facts tout, in the ordinary conditions in which each living being is i med, it and all its parts have appropriate size and weight and touteral properties. These may, indeed, he modified by the variations sis attende wheneve or by events that are of the nature of accidents; that the range of proscible variations is, in nearly all cases, comparathely nation, and the boundaries are soon reached, in which changes

of a contribution of its about it is not a state of the contribution of the transfer get in motor and part of face a backer while at # 14 Miller Could be a server of the server not year and the transfer of the 1 1 1 1 1 Fortunal way of the party Her the operated was fit as integral a significant and a significant such as significa Water nather than evanth my propriet of the parable Builty, a to a to test \$212 for 2112 of the contract of the test of the contract to the elmann so the exterior one in a store of the store, with advanced year marked or one or to war expensely accommendation of a star of a large or of a commenced or of a comme turns the development of the hody a constant of the street of the growth conservated the hody is constant on the force of the second BETTER BEHELD HE WINDS TO THE MAN OF THE WASTE OF THE BETTER THE WASTE OF THE WASTE croses in the last charge, it shows according to a suidegeneracy than And all these start are consequent for their timely all too are together elegations of the time and a sustsuppression of events to be traced in more than a few allers. There Vance of time new, sizer, by a telia to furniture to cover our work in any of the organs whose charges much the distance, it also set its chief periods er in the teeth transforms and by a read Encoded the betieve before the the the state that the state of the same is been a tipe of the set of the from the gums there appears no reason why one als ald in our section the other, or who the enhand that all grow with a count would be well while they all grow able in vigar 1 of a convince and consequentions. they have very different rules in ingral by the four rate of their kormakkum Amka yer baine mkarkila kontraban mi sekua milikibibilik ir the thin withfrank of this to city of the first to be with the our of this present. In all elemental characters, expent these of excounts and any the two sets are numberable, yet there is the watest suffrence in the mater at which they are formed and in their docate or The second wests received an enable some for their formats in at the best received in with the first live but a few years, they moved should have an hone an time rest of the leady mad sequentioned despit. How there accordes to differ to which, as to use officient cases, this differences easies be to been different atility and final catego mee by disevery it that me to that with it werely elater reserves the rates of crowth and the dispet, is not cone tire, it was ently be referred to a light flance on it provides which he is not thelman eralmental country for the learning of indication, all into the Contract which is not a second to the contract of the contract Whereto provide leving honory received the Course of a post outer court for other Wareh it recognition thanks are everywhelf of themer was never an information in the information, there That I the chartestant of the above 1 species and charges of the press affords, moreover, an excellent instance of the punctuality with which time-work is regulated in the organic processes, and of the manner in which several different, and really independent, processes, being set to the same time-rate, are made to co-operate to the end of utility in the This is evident in the coincidence of the development of the teeth of the second set, with the removal of those of the first: and in the coincident growth of the law, and all its muscles and other apparatus for mastication. In all of these and the same might be said of any other system of organs in any species; the formation of every part is achieved with an admeasurement of time as precise, and as perfectly designed as that of its shape, or size, or structure. Fig. examples of organic processes, adjusted to be complete in definite permis of time, the germination of seeds and the hatching of eggs could be cited. In plants, and in cold blooded animals, the time varies according to temperature, yet not without evidence of a proper time rate, but among birds, each species has its own time for membation, as fixed as its other specific characters. In other words, the development of the structures of an egg into those of a young bird, appropriately fitted for life in the open air is trined to a certain rate of progress, so much work is to be done in so many days, neither more nor less, and on each day its appropriate and special portion of the work, And it is evident that the time occupied in the process is determined by the inherent properties of the egg itself. For if the eggs of any number of species be exposed to the same heat and other conditions, in a hatching machine, then, as surely as the bird produced from each will be like its parents, so surely will it be hatched in the same time as its parents were, in other words, the observance of a specific timerate in the process of development is as exact as that of any other With this observance of time in the development specific character of the young might be noticed that which is, commonly, coincident in the parent. Not to cite the example of all the mammaha, that of pigeons might im taken, in which, during the incubation of their eggs, the crops of the parents are remarkably developed, so that they may be fitted for the secretion of a fluid destined to make the food of their young offstrong more suited for their sustenance. The correspondence of these time-rates, observed at once, in the development of the young pageons, and in that of the crops of the parents, demonstrates, in both, a provision for electionemetry in their organic processes, as clearly as the faces of two cleaks, constantly keeping time together, would prove that they bern have some apparatus for chronometry within. the proviseous made by parents for those future young afford evidence of the time regulation of openie traceses, in so far as those provisome word to indeate a re kening of the time necessary for their completion. For example, certain further lay their eigs in hollows made in the eard, have then there to be hatched and at the time of hatching get ion to them for the sake of their young. It might be asked, how can these recatures, and many others in similar cases.

THE A THE THE THE SAME AS A HOUR ! THE AT ANY SHEET, THEN SE TO SEE THE AT A COURSE SE 聯邦 編輯 · 中的 The State St the partiague was referred the street of the second problems are the me m others happen derect a first, which is the court of smith flavour miles for a Takan pang tangga a sa pang malan na pang pang tang tanggan na mangganan na mbanan na manan n THE MEAN CHAINS IN A SINCE HEALTH SILE OF A SILE SO CORTER LESSING IN SILE BBD1/PBB billich in 1 o Dan ib & aber gibert fat nie obifiche icht bill fille fieben ib berbeit icht. erhatenber find der Brutter in in bie bie bie beite brieffe bifant bie bei. Ambeit in berteit bie bonn enthousing Andra mainty references to company to price or new the Bridge Berthe ran rie riet v berte e belandly to had strong continues in which arounds seven to brive a power of an horizing rest particle of Traver The a reducer was first own and expressible to him a growth of previous of the field of which there was resented property from that the productions is a productive point 銀行対抗計算機能を ate 2009 same cot 2014 e fire e fire y apaption) t t total par to the 2014 in electronic とせいと war The first water the all continues married in a constitution which and have all the actions and Are stand and changes to below of his can be even a for the stand of the course for the standard and the course which vesile relies to make at an the third cas, and on the thirming alays passes a theretake character while are as easily regulated his lines. and they are in windle characters. The character is they were to man, Microuver, indicatere of a conseposit, since were of exercise in an incharged by the veren structort, which, in the blowed of the war about it Deutschiffe, bibe biedurffe, Biteg bibeleja gunberglabe Z. auneife bie blieft Ma bei feb. bereifen in uf b. highest development and greatest the claims cower on the eighth day. tered knows despendently a lifer the corn courter, sie mouth a certifical pageship be regarded as a type I another persons, are of such as are the products at disease. Whether asserted in the blood by moralisms or bred therein, they commonly occupy definite periods of tome in their development, and increase, and decline, as with a life which is choose motion in all its phases and in its total length. The measure of merbel persons would supply examples of organic processes tourd to various untillure of days, and many that are completed in a day. or on cover provious of a clay, are transable to blee everyth of this paint. wasting to autinalis and participa, also so plants to the daily said utrons of the pulm, and of breathna, tro-enterior of bunger and the est. the resulated become of the despertion factors are, dec. In war, without, concentration and the state of thet they was a super making the bank that the transfer which had the state of the state of the encentered from the way of the or of the contents and properties and the contract and the contract and well an inere there all tell or early processing desired beined with no palar timescore simple of times, and but duty remined by the visting of species or assentable stands they have any evening. There, has always to have a mark these trepten of there are at at the first the back in specific training of the contract to the contract to the contract to merit bie fie bie fie bie bie meint eigenteberen mer b blier gewehrte ein gertformeint generalt generalt. whitever transport to be bearing many on courtly are but to be able to before they are before the highly or at might, may move that the cost in a trust change are not

the consess of these demand pseudianties of animal life. The view sails of sleep, and of that which is set more mysterious waking has be unknown, but they are exidertly connected and correlated with those alternating could for it the structures, of which men, and prois they and any mile that she o and wake, and conscious in the sursations of fitzene and a reference The or linery activities of one portion of the twenty four hours, the activities expectelly of the muscles and pervous centres and the senses forduce an amount of structural, as changed change which is exactly regard in rest during sleep. In other words the carrier processes for the remain of structures changed as all structures are the exercise, are adjusted to such a rate that in general and on an avenue, in the time of sleep, they may considerely costore the part; that me impaired in the activity of waking time. And so of that replacement of substances in the several structures and in the blood, which is the purpose of feeling, the processes of direction and of the several stages of essimilation are so timed as to accord exactly with the times of daily taking. The most minute observances of time in organic processes might be noted in organs that have rhythmic motions, as in hearts and breithing muscles. ches the vacuoles of certain zonspores, as Volvox and Gonum. In the Crionian Lecture at the Royal Society, in 1837, the speaker had endeavoured to prove that these and other rhythmic movements in plants, as well as animals, are due to corresponding time-regulated matrition. He had expressed his belief that "thythmic motion is an issue of rhythmic nutrition, ie, of a methol of putrition, in which the acting parts are at certain periods raised with time-regulated progress to a state of in tabulty of composition, from which they then declore, and in their declare tray change tren shape and move with a definite vel city or as nerveus centres may discharge nerve-force." And this would be still maintained, but whether it were true or not, the thythmeal nature on of thythmically acting muscles would be certain. If not a can a if must be a consequence of such acting, for it e membersaide that the limit for example or the displiragm, or any other riversice, rate should be free from waste or impairment in the action, or from the necreaty of boing reported in its rest. Infference of mode of action could not determine a shill reme in the mimediate effect of action. With home very so non-ules become so changed that their charged states out by felt in the states in of weariness, and proved by then was undy in. But the change thus or vol is only the accumiddless of the charge we writ in many minority actions each of which has empted ated a like to the alone minimate just an each er well then of a wheele over the to the freal wearing our Servicely, norganism of the hour or of the hearth make he is attended with staying or manifer of ear out on out the importment is a concentrative many fifting and point that he have refuse to be the enther we for the alternative are a court that re not been to us troughturns with of the mountain lives are a regular and graderies with their Address at the second of the s and the mineral operations of the state of t is tart has a line as a line of an all the triangle willish at the A ST TO BE THE STATE OF THE STA ा को को कर हुए की है। है है है अपने बार करेंद्र का प्राप्त करेंद्र है है है है अपने प्राप्त के अपने ANALYSIS A TEXA TO SELECT A SELECT AND A SELECT AS A SECURITY OF A SELECTION OF A The service of the service of the service of the service of on a contract of the second of elemant in a particular has been been been been been been been the trantario et ve intermatativo et mont I had transfer transfer to the me to be a traity of the by the comment greaters of their and an abundance of sometimes the animates. thing areas of singulation the same of a specific a find a find a find a find a a country of any section of the section of the section of the section of the section of marie entre peut une bilegorales de le resolución de la despensión de explaint limited to be never that the first or having the there welve a star from the same at a constant to the star server Retail land with a confirmation with inches of a chose of fire in the confirmation of in the we have a company and the fine that we were the at most to as one, as first or transfer on the best discourse part of this was fire majest of other of a beautiful about the second of their call their moreover as I the warract to oil which for the rais of the year, were manustry of first this or eight . But a born the Bloman About defender with the court ce die are ten that they tomber to which the to memorie of enterior left was more registers to a confusional, an executable build, their failed become the factor with the fill failed more to encourse a thermore were their matter the matter that with the control country crosses, are to agree a continuous or a process auto, at the event. All this elimite, The employees of a ceven could't her appear to the time and bearing the extern. in the following the experience except by the party fields the except tender of better the best the open of earlies ever charts is the parent heat and different that is read to a this chief events of its because establishmental of the year. Vaccitions of this same we man native also if the on "but those meets, at if when encount thread a concentrally removed in the fairly interpreted and new contract their exhaltent that the profession have been a their cares now that for many the right regulation WARLAND OF ALL ALLES AND MEN OF PLANTS THAT IS A TO ALLE COMES CAMPINE the of wastern which little tren the general elected to a then appe FIRST 1999, I A GET TO THE RESULTED THE PERSON OF MILES OF THE PERSON OF the of the all the first and a first fine that the state of the state will carry be an in the contract of which make the purpose

gated by seeds | Specimens were shown from two horse chestnuts growing opposite to one another by the great gate of the New Gardens, of which one is, every year, three weeks earlier than the other, in all the processes of its life, and of varieties of Erythronium. Dens Canis, from the same gardens, the plants of which, growing side he side in the same but, always resent a similar difference in their times of flowering &c, though in all other respects alike It would be difficult to imagine a variety thus marked only by a peculiarity in rate of living, if temperature, or the influence of the seasons, alone determined the rate of life in the species The simplest explanation seemed to be that, as there may be varieties in size and number of organs, and almost all the other properties of a species, which together make up its specific character, so there may also be varieties in regard to that time-rate of the processes of organic life which, even by this variability, is in heated as essentially dependent on the properties of the organism itself. Again, there are some species in which them see has to exist a singular independence of external conditions. Instances of this are found in the buildastor lanestris, and the other motion mentioned by Kirby and Spence If pupe, formed in June or July, he ' selected if the same size, and exposed to the same temperature. the greater number of them will disclose the perfect insect in the February following, some not till the February of the year ensuing and the remainder not before the same month in the third year" (Vol. iii. to 201) The design of so singular an arrangement is as they observe. to secure that insects, coming into active life in February or March. may not be afterly exterminated by the ungenial weather of a smale season, or of two such seasons in succession, but the very cause of the differences among the paper in their relations to the same external conditions, must be in their own properties. A somewhat similar instance of apparent complete likeness among seeds in all respects a except that if time is in those of a Begonia, which, if taken from the same pad, and all planted together, and all kept in the same conditions, will gorminate, some in a day some at the end of a year, and some at various intermediate times. To these indications of selfdependent time rates in the lower organisms, might be added all the facts of another class, which show punctuality in the adjustment of . several distinct processes. Fearculy an event of life could be watched which would not show it [The instance by which it was illustrated was that of a Saxifraga, whose stamens, like those of Parnassia, arrive at their very maturity not all together, but in pairs, and in pairs bend upon the pistil, each pair rising again before another pair bends down. And, lastly the infinence of temperature on the rate of the formative processes in the lower organisms is scarcely, or not always, greater than that of natument and other external conditions us on their quantity. The security word qual' and hal' seasons indicates the latter inthe act is that of "early and "late" seasons does the former Plants of the same and growing some in an and, others in a rich soil,

differ emperilipaly in the the energy tenth large their terms. 事实 processing the processing the contraction of the processing and the processing the processing of the processing the proces natione on the experience of the gap the fall of the plant of the Beauty of the Restrict to the marthridge case of the company of the constitution of the medical contract. #\$ temperation that great years the form of the distinction of the aren Paristr han die ein ein ein die vereilig im Mille in verdiert with der Mille in The warrent town with a secret six the in the Print of Mile of Mile of Mile of Mile of Mile of the Contract of the day we say the set of the paper of the section of the set of the set of the section of the s the state of the state of the end of the state of the extreme of the extreme more or analysis con law or that they have them to be an extended, they are men 對此限。 對於明治 2日 李克明 多天 化对键计 曹朝的 蒙古人名 医假类畸形 清 医乳体 人名斯特人斯 医对抗不管的的 人名斯特勒特 To wer organism on a more committability ideas in fact of the confinerate reasonables. at more, recording the an expectant man before built to an only ned for this works of the perhap, and expensive two marrieds tell more size. In these the warrier to be a fine control of manager to the second of t the sale and nation tenther tenther even of files so it also have the filesten our objects by their the species, or the degree of doorf point of the contract of Moon. tions, there are or for he waste recognization to we can invest accommon himse a tendency to show a certain time, of the year some when the seasons are changed. There are my these brow, at form Andraina to this country, some of the parameter been been been been the the time away sometimes breaks in November as well re in May the New the Hazard Clerenza research team formed at the Lord great tages from a warry February for five or six years. Among neglectory for is also at has been observed that when they are Aut in a name out and removed from all the circumstances that neight be anyther to mine or merenature their journays they yet income reaches at the return of the season for their migration. In three and the like facts there appear industring of a chronometry in the organic turnspace of warm timuled animals, which corresponds with that of the seasons, but is eventually independent. And, if it he so, these wight form a group orfacts in a littion to those of the dierroil variations of the argamic tracerses, in which vital changes are set to the same rules of from an changes of the surface of the earth, yet have their own timer laws and concerning which it might be said that the evelop of life, and of the earth, do, mired, correspond, but univ as conventue on he no. which are drawn round one centre, but are not connected except in design and mutual fitness. But however the night be, all the instances of tome-serutation ested in the devenue all terms examthus of large ground of facts would seem sufficient to trive that the observance of time in organic processor is as exact and as universal as that of any other meanire that each steams has a certain free rate for the pricessus of its life, variable, but not not decraised by extremal conditions, and that the several phraomena constants tailed as the perpetuate these of engance life, and this requirest is taken of the law in their is a section there colleges the affiliate of an exposuration afternoon actions and affiliate affiliation was no do from the tribe & P. W.

154 OBSERVATIONS ON THE MIDICAL ADMINISTRATION OF OZONIZED OILS

By Dr Theolair - Thompson, FRS, Physician to the Hospital for Consumption, &c

In this paper which was read before the Royal Medico Chirurgical society the aith r after some general remarks on the properties of ozone describes the results obtained from its administration in association with cils [

The oils being ogenized by exposure for a considerable time to the direct rays of the sun after previous caturation with oxygen gas, according to the process adopted by Mr Dugald Campbell ca s of fourteen community patients to whom the ozonised oils were aren in detailed, and the principal facts noted are also appended in a tabular form. The conclusion to which these experiments point is that the admin tration of ezonized oils has a remarkable tendency to reduce the fre maney of the paler. Of the fourteen patients whose cases are detailed in the communication, there are only two in whom her stain effect was charged and although in a few instances the effect may have seemed in-implicant or transient, in the larger propertion it was very considerable, and must be attributed to the ozone rather than to the oil since it was repeatedly maintested in patients who had taken co i hyer and other oils without any reduction, or even with an acceleration of the pulse and further, the effect on the pulse was nearly as distinct when the ozone was associated with the oil of the can unit or of the similower as with that of the cod liver circumsticale is the more si inficant, since the administration of suil were I without er ne has not appeared to the author to manitest any anguitant remeind power. The reduction of pulse was us rady begived in two or thick days and often continued progressive, A reduction of twenty heats was observed in certain cases to occur respectively in two three, four, and six days, in other instances & reduction was noted of twenty four pulsations in fourteen days, thirtytheir in thu has a thurty six in twenty two, forty in eleven patient the pales fell as low as 60-probably considerably below the natural standard but in most of the favourable instances the reduced tion stopped when that it is lard was obtained

The apparent off that the remody is one which prior to experiment, the author would not have anticipated. No other obvious result was noticed as optimized mercal improvement in the patient's could be in a contract the use of simple and of examined at a contract the use of simple and of examined at a contract the use of the anticipation was made three to all the result was account interchange of the atment so direct and the result was account interchange of the atment so direct and the result was account interchange of the atment so direct and the result was account interchange of the atment as

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the author may, no large grand a and his transfer as rearried and group to missing on a specific grant as a rearried and group repeated to expect the case of the grant as a rearried and that should no excited the rearried to rearried as a rearried to property in located to these expectations as a rearried to property in located to these expectations as a rearried to an arrival and disease possibility characters and to have the first and a rearried to the first should be exclusively in this disease possibility and the treatment of which it is view in potential of each till a rearried to the reducing constitutional attention for the reducing constitutional attention.

155-ON THE USE OF SACRIARATED LIME IN MEDICINE

By Dr. John Chenano, Demonstrator of Amatonny in the Lie way by of Edinburgh

[The solubility of time in water is much increased by the presence of sugar a direct chemical communate it take groups. Attribute for water being far the weak a preparation to divide to a section got therapeutic properties of hims advantage may be believed the above property to present a solution reflectorly thoughts be at a valuable as a force and autacht.

Supper construction in two or mine properties of the least to delete to a subject I shall quote from M. Remark! I serve I is mentante to be a surject of the parties. Two constructs or new be obtained I see a superwise lime. The first is a produced by positing a solute mode of an example in the first to a superior of an example in a formal of the first of the construction. If the first is a regard of by fitting to the first in a relative for a behind a first in a part of the run it can be not a formal or property. I find that it is a relative water as in an in the original and it is at the properties.

then redissolved in cold. This saccharate of lime, dried at 212°, has the formula 3CaO 2(Cl2H11(D11)). If, on the contrary, hydrated lime he added in small quantities to a concentrated solution of cane-sugar, until the last added portion refuses to dissolve, and alcohol be then poured into the liquor at 180 Fahr., a saccharate of lime is precipitated which has the formula CaO.Cl2H11O11. The solutions of saccharate of lime have a strongly alkaline reaction; they attract carbonic acid rapidly from the air, and crystals of carbonate of lime, exactly similar to native crystals of that substance, are deposited on the walls of vessels containing them. Solutions of cane-sugar can, hesides, dissolve very various quantities of lime, according to their concentration and temperature. On challition, they deposit strongly basic

saccharates which contain from 3 to 4 equivalents of base."

For therapeutic purposes the first described compound is best suited. for it is the most soluble, and obviously it is advantageous to have as small a proportion of sugar as possible. Instead of pouring the sugar in the form of syrup upon the lime, I find it more convenient to mux the slaked lime and the sugar, and then add the water. The following is a very good formula: Slake 8 ounces of quick lime; rub up with it five ounces of white sugar; add 1 pint of water; stir for some time. till the hard stiff masses which the sugar and lime are liable to run into are as much as possible dissolved; then filter. The product should be perfectly clear, and of only a slightly yellowish tint. solution made in this way will contain 18 grains of lime in every ounce by weight, and altogether about 106 grains of solid matter to the ounce. Taken undiluted, a few drops are sufficient to roughen the When diluted, the taste is at first an acrid one of lime: but this is immediately replaced by a sweet taste in the back of the mouth. admitted to be pleasant. Made as just recommended, the solution is not hable to decomposition unless it is exposed to the air. By employing a smaller proportion of water to lime, a still stronger solution may be obtained, but not with any practical advantage, as there is increased difficulty of filtration and greater tendency to decomposition. The strongest solutions are scarcely, if at all, affected by boiling; but if diluted, a copious precipitation takes place on application of heat. This, however, will not serve as a test of strength, as addition of sugar in sufficient quantity will make any solution, of whatever strength, remain clear on ebullition.

My first trials of the medicinal effects of saccharated lime were made in the winter 1856-7, with solutions made by myself and by Mr. Stewart, druggist, Inverleith Row. After I had quite satisfied myself of its value, in spring 1858, I give directions for making it to Messrs. Duncan, Flockart, and Co., and recommended it to the attention of

various members of the medical profession in Edinburgh.

I shall not enter largely into the therapeutic effects of this preparation, but only give a cursory indication of them, basing as I do my table to speak on the subject simply on my being the first to introduce

it as a remedy. It is of course a powerful antacid, and probably the best we have, since it is stronger and pleasanter than magnesia, and does not weaken digestion like the alkalies. Far from doing so, its most important use is as a tonic of the alimentary system in cases of As such, its action is much more powerobstinate dyspepsia. ful than that of the vegetable stomachic tonics. It is suitable for cases with too little as well as for those with too great secretion of gastric juice, no doubt because the former state of matters is obviously a result of atony, which the lime removes. It seems particularly serviceable in gouty constitutions. In the dyspepsia of hysterical and anemic cases it does not seem to be of great use. Care should be taken to tell the patient not to take it before breakfast, as it sometimes causes a degree of nansea in the morning, when the stomach is empty. It suits very well to take it immediately after meals: its alkalinity does not at all interfere with digestion. Practitioners seem generally to take up the prejudice beforehand, that saccharated lime must be liable to produce constitution, probably indging so from the action of chalk; but I wish particularly to insist that it has not, in the slightest degree, any tendency to occasion such an effect. On the contrary, it is a very valuable means of overcoming gradually that chronic constipation which is so frequent an accompaniment of dyspepsia; and persons who have for years been in the constant habit of using aperient medicines have been able to abandon them in great measure after taking this remedy for some time. In a single instance it acted as a purgative, so that its use could not be continued. It will be found serviceable in checking the diarrhoa of disordered digestion, acting as lime water does, only that the latter is so dilute that it is o'ten impossible to administer it to adults in the quantity desirable. Patients who take saccharated lime habitually get to like the taste, and seem to think it exhiiarating. It may be found useful also in allaying the cravings of the intemperate. I have no doubt that, if it be fairly tried, practitioners will find it an exceedingly useful remedy. It may be given in doses of from 20 or 30 to 60 minims or more, in a glass of water, two or three times a-day.

I shall venture, in conclusion, to suggest that the large and various set of remedies embraced in the general name of tonics tend somewhat to group themselves in three clusters, corresponding to the three great systems developed from the three layers of the embryo, viz., tonics acting primarily on the musculo-nervous system, such as quinine and strychnine; those acting primarily on the vascular system, such as iron and manganese; and, lastly, those acting primarily on the alimentary system, among which lime is most prominent, and, after it, such vegetable tonics as gentian, calumba, quassia, &c.—Edinburgh Medical Journal, Aug. 1859, p. 114.

156.—OF THE CHLORATE OF POTASH. By Dr. FOUNTAIN, New York.

Dr. Fountain states that he became acquainted with the remarkable power exerted by this highly oxygenated salt in mercurial salivatuon in 1857, and consequently long before this had been observed by Herpin and others. In charge of the Hospital of the Panama Railroad Company at Aspinwall, he often met with ptyalism in consequence of the free use of mercury, the peculiar type of disease met with on the isthmus rendering it necessary. Finding the variouslocal applications of little avail, and recollecting Dr. West's recommendation of the chlorate in stomatitis of children, he gave in a bad case twenty grains every three hours, besides using it also as a wash. The effect was almost magical, and subsequent experience has only confirmed its efficacy. And Dr. Adler, engaged in the same service. says: "Such has been the uniform success following the administration of this salt, that from my own experience I consider it as a specific. It has never failed." In some cases where mercury had to be given for a long time, and danger of ptyalism was feared. it has been given as a prophylactic, and, as Dr. Fountain believes. with good effect. Dr. Fountain also gives an account of the advantage he derived from the use of the chlorate, in Iowa, when, owing to a deficiency in the supply of vegetables, and poor persons living on salted meat, and the cheapest food, a mild form of land scurvy broke out-the manifestation of the disease being confined to its local effect on the gums, without the production of constitutional symptoms. Recovery rapidly took place under its use, even when the diet remained unchanged. In ulcerative stomatitis he has never known the salt to fail.

The author's chief object, however, is not to add illustrations to facts already known, but to call attention to a practical application of the chlorate not yet much noticed. It is as an oxydising remedy, capable of coming to the aid of the respiratory process; and of stimulating secondarily the function of absorption, that its agency acquires a vast importance. This was first exemplified to him in a case of cyanosis from heart-disease, in which the blue colour was remarkably removed during the employment of the chlorate; and two cases are also given, one in which respiration was impeded from effusion of blood into the thorax from a wound of an intercostal artery and the other an example of excessive dyspnoea from hydrothoraxin both of which the recovery seemed to be due to the use of the chlorate, which "supplied the blood with oxygen sufficient to sustain life during the time when respiration was seriously impeded." In a case of pneumonia typhoides, in which the imperfect aeration of the blood was the combined effect of an asthenic fever and a local engorgement of the lungs, the same benefit followed its administration. "The chlorate may answer another and valuable purpose m aromoteng absorption. It readily parts with its oxygen by the influence of a moderate degree of heat, or a weak and; both of which exist in the body in sufficient amount to effect the decomposition to a greater or less extent. This is the theory : and mactical confirmation has been made by the cases herewith reported. If by increasing the amount of oxygen in the blood, we enhance its power of removing deposits, then do we have in the chlorate another property of extensive application and great practical utility. It would render it doubly applicable to all cases where respiration is impeded by effusion within the chest of liquids or solids requiring decomposition for absorption. such as hæmatothorax, empyema, and the hepatized stage of pneumoma. As most of the products of inflammation consist of protein compounds in some form or combination, the addition of one or two equivalents of oxygen render them soluble by conversion into the deutoxide or tritoxide, and permits their absorption by endosmosis into the adjoining vessels. Even tubercular deposits are known to consist principally of protein compounds; and we all know that the most effectual means of retarding or preventing their development consists in active out-of door exercise in the pure air of the country, by which the system is more freely supplied with oxygen, and the effete products of interstitual decay more rapidly removed."

"The chlorate of potash has been quite generally used as one of the favourite remedies in scarlating. I think that it is justly so regarded, and has fallen into some disrepute of late by the error of depending too much upon its unaided influence. It has generally been given with the idea, that in chlorine, something like a specific or antidote had been found for the poison of the disease. Now, in truth, the chlorate is a very valuable remedy for meeting particular indications in the treatment of this disease; by arresting the ulcerative inflammation of the fauces, and by its arterialising properties, supporting the recuperative powers of nature when aided by other appropriate treatment. In this connexion I will state, that I have been in the practice of late of giving it in combination with carbonate of ammonia, with the best effects. Other aids must vary according to circumstances; but I will mention two which I have found of great value in almost all cases, the application of pure nitrate of silver to the fauces, and of glycerine to the whole surface of the body. Some considerations induce me to think that it is not the chlorine, but the liberated oxygen which constitutes the chlorate a remedy of value in scarlatina and kindred diseases." - New York Journal, July, pp. 1-27 .- Med. Times and Galette, Aug. 27, 1859, p. 219.

^{157—}Chlorate of Potash. By Wendon Cooke, Esq., Surgeon to the Royal Free Hospital—In my hands chlorate of potash has proved a tonic of the very highest value in all adynamic conditions, and at all ages; but more especially in heetic states of the system when

quinine and iron were inadmissible. So powerful is it in oxidizing or decarbonizing the blood, when the liver and skin have failed in their others, that I believe from a very large experience of its effects at the Royal Free Hospital, that there is no tonic comparable to it in the sequelæ of the exanthemata, (otorrhea, anasarca, and cachevia of all kinds,) in all scrofulous diseases, whether of bone, gland, or tissue, as well as in those indicated by Dr. Osborn,—viz., necrosis, leucorrhea, gleet, and secondary syphilis. Agreemy with Dr. Osborn in the inexpediency of its alministration in all acute inflammatory attacks, I think that in reviewing those numerous diseases in which there is want of power, I know of none in which the chlorate of potash, either solely, or in combination with iron, quinine, or the other vegetable tonics, may not be advantageously employed.

I believe the dose of this medicine is now preity accurately defined. From one to fifteen grains three times a day is the range I have found effective and safe. I give the child of one year old, one grain; of two years old, two grains, and so on up to seven years; after that a more gradual increase—say, a grain every two years, until about eighteen years, when the full dose of fifteen grains may be employed;

and this dose rarely requires to be increased at any age.

Having said thus much of the value of chlorate of potash administered internally, I would beg permission to add a word or two on its remarkable topical effects in various ulcers. It is invaluable in foul chronic ulcers of the legs; in tertiary sores not of an inflammatory character; in ulcers of the mouth and tongue, arising either from syphilis or cancer, or cancrum oris, or necrosis of the jaws; and especially so in cleaning and deolorizing, and indeed healing, many of the full cancer our ulcers occurring in various parts of the body. It have employed it in all these lesions at the Cancer and the Royal Pree Hospitals, as well as in private practice, for many years, and and daily reminded of its inestimable benefit wherever there is an absence of active inflammation.

The strength of the solution must of necessity vary under different circumstances. In the greater number of instances, eight grains to the ounce of water is the strength I employ, but this is too strong for the mouth, and generally for the breast.—Lancet, Oct. 29, 1859, p. 449.

^{158.—}On the use of solid Perchloride of Iron. By J. Zacharian Lawnerer, Esq.—A few months ago 1 drew the attention of the profession to the powerful local styptic properties of the solid percendence of iron. I have since that time used it with the best effects, and, moreover, have the sansfaction of knowing through the manufacturers of this substance (Mesus, Hopkins and Williams, of New Cavendshisterest, that since the appearance of my letter it has been in frequent demand by the profession generally for the purposes indicated since then I have found a supercent method of employing it. If the

solid perchloride of iron be kept in a bottle, a small portion of it after a time deliquesces into a thick brown flaid, which is constantly kept in a state of super-saturation by the undeliquesced portions of the salt. This liquid, applied by means of a spun-glass brush to a bleeding surface arrests the bleeding almost instantaneously. This mode of application is particularly valuable in applying the stylete to such cases as excision of the tonsils, bleeding from the deeper-seated gums, &c. I may further remark that I have never noticed any inflammatory action following the use of the solid perchloride.—Med. Times and Guzette, Aug. 27, 1859, p. 219.

159.—THE COAL TAR DISINFECTING POWDER OF MM. CORNE AND DEMEAUX.

The latest Parisian novelty in medicine-very appropriate to the fetid season of summer in towns, and particularly interesting to Londoners—concerns the disinfecting properties of common coal tar. The subject, brought forward by MM. Corne and Demeaux, appears to be creating quite a sensation in the French capital. It has been laid before, and been discussed at the Academy of Sciences, and the Academy of Medicine, and has been experimented on at La Charifé and at Alfort; and all the French journals are full of it. The history of the matter is sufficiently simple. M. Edmond Corne, physician at Libos (department of the Lot and Caronne), recently found out that a mixture of coal tar and plaster in various proportions, when put in contact with fetid and putrifying substances, possessed the valuable property of deodorising them completely; and, at the same time, if the matters contained fluid, it absorbed the liquid, and converted the whole into a dry, solid mass, free of smell. Perceiving the importance of these facts in a sanitary point of view, M. Corne proposed to employ his disinfecting powder for the purpose of deodorising and solidifying the frecal matters, which, in Paris, instead of being drained off to pollute the Seme, are allowed to collect in covered pits, and are carted away in closed waggons early in the morning. The accumulation of the night soil, and the process of its removal, are attended with the horrible stenches which are so common in many of the houses and streets of Paris. Sanitary science, however, does not seem attractive to Frenchmen; and the discoveries of M. Corne might have remained long enough unnoticed, if the happy thought had not occurred to Dr. Demeaux and himself of applying his disinfecting powder to surgical uses, for the purpose of deodorising the offensive discharges from suppurating wounds and gangrenous ulcers. The first trial was made in the private practice of Dr. Demeaux, and succeeded beyond expectation. The authors then laid the subject, in this new point of view, before the scientific and medical institutions of Paris, and commenced a series of experiments at the Hospital of La Charité, under Prefessor Velpeau, who has afforded every encouragement, and

has lent his powerful aid to bring the discovery into notice. The general results have as yet been very favourable; and from the great attention which is turned to the subject, the value of the proposed means will soon be satisfactorily settled.

The disinfecting powder consists simply of 100 parts of plaster mixed with 1 to 5 parts of coal tar, and thoroughly triturated. The mixture forms a gray powder, with a slight bituminous odour. It is applied directly to the suppurating surfaces. Usually the dry powder is sprinkled over the wounds; or it may be made up into a kind of ointment, by mixing it with olive oil, which binds the powder together without destroying its absorbent power; or it may be mixed with other fatty substances; the ointment being spread thickly on lint, and applied like a poultice. Usually the direct application of the powder is well borne; and, in consequence of its absorbing properties, no lint is required. Sometimes, however, the charpie is necessary. The

dressing is renewed as frequently as possible.

The results of this mode of treatment, as experimented at La Charité under Professor Velpeau, before his numerous students, appear to have been uniformly successful. A gangrenous wound, with a profuse and fetid suppuration, when dressed with the powder, was instantly deprived of all disagreeable smell. In the case of an ulcerated cancer, with an ichorous discharge, presenting the characteristic fetor, the odour was in the same way instantly and completely destroyed, when the dressing was applied. Ulcers of the leg were entirely freed from smell in the same manner. Dressings, poultices, &c., saturated with fetid pus, were completely disinfected by contact with the powder; decomposing fluids, gangrenous products, mortified tissues, pieces of dead bodies in an advanced stage of putrefaction, were also instantly deodorised by the same means. The disinfecting substance seems to stop decomposition; and it keeps off insects, and prevents the production of maggets. The experiments at the Vetermary School of Alfort, under Professor Bouley, made on a large number of wounds and putrid matters, gave results entirely in accordance with those obtained by Professor Velpeau; so that, as far as facts have yet shown, the means promises to be of decided service in surgery.

It appears that the advantages possessed by the disinfecting powder is a surficial dressing are twofold; for it not only disinfects the discharges, but it at the same time absorbs them,—the former property being probably due to the tar, and the latter to the plaster. It is obvious that the powder may be applied to a great variety of uses besides singleal dressings, and in particular for preventing the smell and patrefaction in dissecting-rooms. One other advantage which the inflectant presents is its cheapness; the ingredients may be had for almost nothing, and at the present time the powder of Corne and Domesta solls for about a shilling the hundred-weight in Paris.

of the importance of disinfectants there can be no doubt: they are

the great desiderata of the day. It should not be forgotten, however, that the invention of MM. Corne and Demanx, and its applications, have been to a great extent, anticipated in England. It is incutioned by M. Dumas, in the discussion at the Academy of Sciences, that coal-tar has been used in England for disinfecting animal matters, and has been even proposed to prevent decomposition of the dead bodies on the field of battle. But no notice is taken of M.Pougall's disinfecting powder, which has been known and used in this country for some time, and which presents a close resemblance in composition and properties with the powder of M. Corne. M Dougall's powder consists of carbolic sulphite of line and magnesia, with 5 per cent, of carbolate of lime; carbolic acid being the principal antiseptic and deodorising ingredient in coal tar. It appears, therefore, that the powder of the French physicians owes its virtues to the same essential constituents which are present in M'Dougail's powder, viz., carbolic acid and lime. Professor Simpson has been in the habit of using M'Dougall's disinfecting powder as a deodorizing application in cancer of the uterus; he has employed it also for preserving dead bodies; and he has suggested that the embalming of munmies may be due to carbolic acid. and not to creosote, as Dr. Cormack has supposed. M'Dougall's powder was also proposed last summer by Professor Anderson of Glasgow for purifying the Clyde. It should be mentioned, that we owe the discovery of the powder known as M. Dougall's to Sir Andrew Smith, the late Director-General of the Medical Department of the Army. But while the credit which belongs to previous inventions must not be overlooked. it is well that the attention of French scientific men has been so prominently attracted to the subject. It is of immense importance to sanitary science, as well as to surgery, that the disinfectant properties of the products of coal-tar should be fully investigated. The efficiency of carbolic acid and its compounds seems to exceed that of any disinfectants yet discovered .-Edin. Med. Journal, Sep. 1859, p. 263.

160.—REPORTS ON COUP-DE-SOLIEL IN H. M.'s 71st REGIMENT (RIGHT WING) IN CENTRAL INDIA, 1858.

By Dr. W. SIMPSON, Surgeon to H. M.'s 71st Regt.

[The average strength of the wing during the months of May, June, and July, 1858, was 417 non-commissioned officers, rank and file; 89 cases of sun-stroke occurred, of which 13 died suddenly, 13 afterwards in hospital. This was attributable to long marches performed on consecutive nights.]

The following symptoms were invariably present:—an intensely hot, dry skin, which lasted till even after death in those that died within 12 or 16 hours; a sense of constriction of the chest and laboured breathing, with a feeling of a heavy weight just below the

ensiform cartilage. Great prostration of strength, accompanied very frequently with mability to answer questions without weeping (the strongest and most robust were not exempt from these symptoms): a tumultuous action of the heart, with strong pulsation of the carotids; pulse varied much, but was never full and haid; head-ache referred more particularly to the summit of the head, conjunctive injected, pupils acted to the stimulus of light, unless during convulsions, or during the stage of coma, when they were fixed and contracted. In several instances, however, they became suddenly dilated for a few minutes, after being fixed and contracted to a point. tenance generally pale at the commencement, but in those cases of a severe character, or that had a fatal termination, it assumed a leaden live: the urine was never entirely suppressed, but it passed off involuntarily drop by drop; bowels were generally costive, though several cases occurred the bowels being quite natural in every respect. was also a great desire to sleep, so much so that if not checked at first, it passed into coma, which almost invariably terminated in death. Loudenoaning during the stage of coma was almost invariably mesent. Death either occurred from convulsions, most frequently of an epileptic character, or from coma. The symptoms, however, varied according to the severity of the attack, and the constitution or temperament of the patient. Death sometimes occurred almost instantaneously. One man just before arriving in camp at Banda. (the regiment did not arrive on the encamping ground this day, 12th May, till after noon, and the thermometer was 120° Fah. in the tents,) after a march of over 20 miles, fell down in the ranks, uttered a shirek, and expired in a few minutes. A man at Koonch, before the engagement with the rebels took place, fell asleep for a short time during a halt that occurred (the sun being fully two hours above the horizon, and on being roused up answered questions with diffically, and he had lost the use of his limbs. Others again were seized with mamacal symptoms: a man at Calpee made a rush at the Hospital Beestle and tore the mussock from him, and on remonstrating with him I remarked he was quite deranged in his mind. After getting some water to drink which he swallowed in a painfully ravenous minner), and having a quantity poured over his head and body from a height, he became quiet, and shed tears abundantly. Others again smiled and laughed unnaturally, at one time, and at another became excited and alarmed, if spoken to, and any attempt at deglutition brought on convulsions. In short, some of the cases presented symptoms of apoplexy, some of epilepsy, mama, and hysteria. The disease under consideration, when of a severe character, more closely resembles apoplexy or epilopsy (which often merges into apoplexy) than any other disease I am acquainted with. In many of the cases that came under my care, genume epileptic convulsions ensued, lasting from 5 to 10 minutes, with intervals of variable duration of perfect consciousness and rest. During the stage of coma, the pupils were

fixed and contracted, and the conjunctive injected, and there was loud meaning till a few minutes previous to dissolution taking place, which last symptom, however, I have never heard in pure cases of

apoplexy that have come under my observation.

Post-mortem Appearances .- Time and opportunity did not allow of nost-mortem examinations being made to any extent on the line of march, during the late campaign, when fatal cases of sun-stroke were of common occurrence, and those that were performed clacidated little or nothing regarding the nature of the disease; the only abnormal appearances were an excess of venous blood to a greater or less extent in the brain, and congestion of the lungs and liver. This want of balance of the circulation, taken in conjunction with the symptoms during life, induces me to believe that sun-stroke is attributable to the functions of all the organs that free the blood from those matters that are injurious to the system being either entirely or partially suspended, such as the lungs, liver, kidneys, and skin, blood is not perfectly oxygenized in the lungs, the bowels as a rule are confined, and the healthy action of the liver is interrupted this last statement is, I think, proved by the fact that those men who had severe attacks of sun-stroke have since suffered from derangement of the hver). The kidneys evidently do not perform properly their functions: the urine is not suppressed, but it is pass d involuntarily drop by drop, and in diminished quantity. The skin is pungently hot, dry, and harsh (every man seized with sun-stroke, and who could answer questions informed me that he had not perspired for a greater or less extent of time, sometimes not for days, previous to being attacked, and that he had enjoyed good health as long as he perspired, but that on the perspiration being checked he felt dull and listless, and unable to take much exertion without making a great effort). No doubt this state of the body is attributable to the nervous system being over-stimulated by exposure to the sun, more particularly when the thermometer ranges from 110° to 120° Fah (which was too often the case in the tents occupied by the men during the day in May, June, and July), together with extreme exhaustion from long-continued exertion and want of rest.

Treatment.—The chief point in the treatment, in my opinion, is to rouse the nervous energy, which is most effectually accomplished by pouring cold water from a height over the head and nape of neck, and dashing the same in the face and over the chest, and this should be persevered in as long as there is any tendency to sleep or to coma; at the same time the patient should be roused up by speaking to him, and if necessary by shaking him. As soon as he can swallow, brandy or wine and ammonia should be given in liberal quantities, and frequently repeated; and colomel and croton oil administered, to act on the liver, and move the bowels. The most distressing symptoms a man labouring under this disease complains of are—a sense of suffocation—and a dead weight at the scrobiculus cordis. I have found

that rubbing for some time turpentine over the chest and stomach affords the most effectual relief. These remedies together with stimulant enemata and mustard cataplasms to the legs, are more likely to prove successful than any I am aware of. The after-treatment consists of nourishment and stimulants such as arrowroot, beefea, wine or brandy and ammonia, together with cold applications to the head, blisters to nape of neck, and acting on the liver and bowels. Bleeding, either locally or generally, is inadmissible, more particularly if there is exhaustion from previous exertion. No patient can be considered out of danger till the skin becomes cool and moist.

I would beg to offer a few suggestions as to the best mode of preventing so fatal a disease. When, during a campaign in the hot season, Europeans are exposed to the sun, encountering much exertion, and at the same time are deprived of sleep during the coolest hours, whilst they have to sleep, and partake of their meals, during the hottest hours (thereby retarding digestion, and producing a tendency of blood to the head), cases of sun-stroke no doubt must occur; still great improvements might be introduced as a means of prevention. The dress as at present constituted is defective in many respects: it is imperatively necessary to protect, not only the head from the rays of an Indian sun during the hot weather, but also the vertebral column and body generally; the dress as worn by the soldiers accomplishes neither of these ends. The forage-cap is not sufficiently thick, the crown of it rests on the top of the head, it affords no means of ventilation, and the cap-cover is little better than useless, as the men generally turn the loose curtain of it either inside or outside the cap, in order to (as they have often informed me) obtain more air, and enable them to feel cooler. The coat is made of a very thin material, and affords no protection either to the spine or body, and soldiers will not (generally speaking) wear flannel if they can avoid it. I would recommend that the head-dress consist of one piece, affording cover for the nape of the neck, and shade for the eyes; it should be made of strong, close basket-work, and well padded externally, and covered with the same material and colour as the present dress introduced by Lord Clyde (during the hottest months of the year, and when not in presence of an enemy, a white purgry might be worn over this cap to reflect the heat); it should be of sufficient height to allow of a vacant space between the top of the head and the crown of the cap; and, lastly, it should be furnished with means to afford ventilation. From personal experience, I am convinced that it is the best sort of head-dress, but it should be made sufficiently strong to permit of it being made use of as a support for the head when the owner of it is in the recumbent position, for durmitte haits that take place in the night on the line of march, as well as on many other occasions, men lie down and often fall asleep, their heads being lower than their bodies, and I am induced to think that this position of the boly frequently induced head symptoms during the late campaign) If a cap of the kind I have attempted a description worn, an excellent pillow or support for the head is continual. I would recommend that the coat should be made of the same material and pattern as at present, but that it should consist of two layers, or have lining, with wadding between; it should be made very loose, not only at the neck, but everywhere, more particularly at the arms, and at the armpits. A coat of this description would afford a protection for the body from the sun, and it would not be felt too warm if made sufficiently loose to admit of ventilation.

From the difficulty (and frequently from the impossibility) that was experienced in the 71st Regiment during the late campaign in obtaining a sufficient supply of water for cooking purposes, and for drinking, in consequence of Bheesties deserting, and dilatory in performing their duties, I would recommend that every regiment or wing of a regiment in the field should be allowed a man well paid to superintend the Bheestie department, and who would be held responsible that an ample supply of water was always at hand, on the line of march, in the field while engaged with an enemy, or in camp. Quarter masters and officers have too much to engage their attention, and are at the same time frequently too much exhausted, to ensure a sufficient supply of water being always at hand; and the want of this most necessary article is severely felt by the men, and too often produces fatal consequences.

No regiment or body of men should be marched during the hot season, unless camels are attached to it in sufficient numbers to convey, not only the tents, but also the cooking utensils, that the men may get under cover, and be provided with breakfast, as early in the day as possible: if carts are used, great delay is always experienced.

—Transactions of Bombay Med. Society, 1857, 1858, p. 246.

161.—ON ETHER AND CHLOROFORM.

By Pr. G. Hayward, late Professor of Surgery in the Massachusette Medical College, Boston, U.S.A.

[The profession is scarcely prepared to receive without qualification the opinion that ether should be substituted for chloroform in all cases, to the entire exclusion of the latter. But the author observes that in no instance has there been any alarming or serious symptoms from the use of sulphuric ether, even when used to a great extent undiluted with air. It does not produce anæsthesia quite so speedily as chloroform.]

There is no doubt in my mind that sulphuric ether should be used as an anæsthetic agent to the entire exclusion of chloroform. It is as efficacious, and I should say without hesitation, after having seen chloroform administered by others in many cases, that ether produces a more complete state of unconscious insensibility. Its effects pass off sooner, and less vomiting, nausea, and headache follow its inhalation

Anr.

It is as easily administered. All that is required for its administration is a bell-shaped sponge with a cavity large enough to cover the nose and month. If the patient breathes it gradually, little or no irritation is produced in the larynx and air-passages, there is but little if any cough or sense of suffication, nor a distressing or unpleasant symptom of any kind.

There may be some persons to whom the odour of ether is offensive and irritating, but they are comparatively few, and even they can be brought under its influence without any very great annoyance.

The quantity of sulphuric ether required to produce anæsthesia depends very much on the manner in which it is administered. If the patient is made to inhale it rapidly, and the atmospheric air is to a great extent excluded, a small amount will be sufficient. From four to eight ounces may be regarded as the average quantity. It is rare to meet with a case in which less than four ounces will be used; and in protracted operations, in which it is desirable to keep up the state of insensibility for a length of time, I have often given more than eight ounces. The ether should at first be poured on the concave part of the sponge; one or two ounces will be enough for this purpose. When the inhalation is going on, it is better to pour the other on the outside of the spenge, so as to avoid the necessity of removing it from the face. From half an ounce to an ounce should be used at a time in this way, till anæsthesia is produced. When this takes place, the patient is wholly unconscious, and has no control over the voluntary muscles. He is unable to raise his evelids when told to do so, and gives no indication of hearing or consciousness, if spoken to in a loud tone. The pulse usually becomes slower than the ordinary standard, though at the beginning of the inhalation it is anicker.

It is, I am confident, a perfectly safe anæsthetic agent. I have not been able to find any well-attested case of death from its inhalation. There may have been such, but they have never come to my knowledge, though I have taken unwearied pains to obtain information on this point.

It has been said, that this may be attributed to the fact that ether is not extensively used, but that if it were, there would probably have been as many fatal cases in proportion from it, as from the inhalation of chloroform. But this statement is not strictly correct; for though ether is not employed as an aniesthetic agent to any extent, if at all, in Great Britain or many parts of Europe, it is used in Lyons. Naples, and is almost the only one that is administered in the principal hospitals of the United States of America, where its now familiar properties were first discovered.

I have given it in several hundred cases, and witnessed its exhibition by others in as many more. I have administered it to infants not three weeks obl, and to persons more than three-score years and ten, and have never in a single instance seen an alarming or distressing

effect produced by it. On the first introduction of ether into surgical practice, it was not thought safe to allow persons to inhale it in whom there was reason to believe there was any disease of the heart or lungs, or who had any tendency to an affection of the brain and nervous system. But for some years past I have been in the habit of administering it to individuals of this description, and have as yet had no cause to regret it. In such cases I have thought it prudent to have the vapour of the ether inhaled more slowly, so that it may be more diluted with atmospheric air than under ordinary circumstances; of course, the patient could not be brought as soon under its influence as when taken in the ordinary way.

The state of the system which is produced by the inhalation of ether is that of narcotism, similar precisely to what is induced by drinking immoderately wine or other alcoholic liquors. It is a state of intoxication more transient and less dangerous than that from alcohol. Its effects pass off sooner, because the vapour of the other begins to escape from the lungs as soon as the patient ceases to inhale it; while alcohol taken into the stomach is carried into the circulation, and mixes with the blood, and in this way acts longer, if not more powerfully on the brain, though its narcotic effect is not so soon produced. It is possible that life might be destroyed by the inhalation of ether, if it be continued uninterruptedly for a great length of time and a great quantity inhaled. Fatal congestion of the brain might thus be moduced, as sometimes happens when alcoholic liquor has been taken to excess. But no person of ordinary prudence would administer it in this way. Long before the occurrence of such a result, symptoms of an unequivocal character would indicate the approaching danger.

When death follows the inhalation of chloroform, on the other hand, there is no merciful premonition. The late Dr. Snow, whose experience on the subject was perhaps greater than that of any other person, thought that "swiden pulsy of the heart is the cause of sudden death from chloroform." In death by asphyxia, the heart beats for some minutes after breathing has ceased; "whereas in some cases of death by chloroform, the breathing has been proved to go on up to the

time the pulse stopped, and after it."

With the hope that those who may have occasion to employ any anæsthetic agent will at least make a fair trial of rectified sulphuric ether. I respectfully submit these remarks to my professional brethren. -Brit. and For. Med.-Chir. Review, Oct. 1859, p. 484.

162.—ON THE INTERNAL EMPLOYMENT OF MEDICINES IN VAPOUR.

By Dr. J. BIRKBECK NEVINS, Lecturer on Materia Medica in the Liverpool Royal Infirmary School of Medicine.

[Many diseases of great importance, though perhaps constitutional in then commencement, and treated best by constitutional remedies.

are in their termination strictly local, and no longer amenable to the class of remedies before employed. Such are cases of chronic bronchitis, chrome affections of the chordæ vocales, the eustachian tubes, the frontal sinuses, and the passage of the nose. These cases require local remedies, and by proper management local remedies can be used. Thus, impalpable astringent powders may be inhaled in chronic bronchitis, or rein dril vapours passed through the nose by expiration through that organ, or driven into the eustachian tubes, or frontal sinuses by forced efforts at expiration, when the mouth and nostrils are closed. The writer next gives a few interesting cases illustrative of the principle above laid down.]

A patient had suffered from complete loss of voice for above a year, not being able to speak above a whisper; the affection was evidently purely local, probably dependent upon a thickened condition of the chordæ vocales. She had no pain or any constitutional symptoms, and had long since given up treatment. She used the mercurial cigarette, to be described hereafter, for a month, and perfectly recovered. Appatient in the last stage of phthisis suffered from pain in the larynx, and utter inability to sleep for days and nights together, from the incessant cough and expectoration. Other treatment had been without avail; and I then made him inhale the vapour of strong nitric acid poured into a saucer, and placed near his mouth. He soon experienced relief from it; the pain abated, and the cough ceased to such an extent that he obtained some hours of refreshing sleep. He continued to adopt this means of relief at intervals until his death.

The trouble and annoyance of strong nitric acid in the neighbourhood of a sick bed are, however, so great, that the inhalation of the introus acid fumes obtained by the combustion of nitrate of potash is far preferable, and is easily accomplished. A young lady, who suffered much distress from the cough in a rather advanced stage of phthiss, and could only lie on one side, found far more relief from the inhalation of the fumes arising from brown touch paper burning in the bottom of a breakfast cup, and held near to her mouth or far from it as her own comfort dictated, than she did from the employment of cough medicines, the local application of the solution of mitrate of silver, or any other means which she had employed.

In a very chronic case of offensive discharge from the nostrils, with a sense of uncasiness in the frontal sinuses, the patient was quite cured in about a month by the use of the mercurial cigarettes. He held his nose after taking a mouthful of the smoke into his mouth, and then forced it into his nostrils, in the manner sometimes practised by accomplished smokers.

Another patient, who suffered from polypus in the nose, and had been operated upon in London by Mr. Fergusson, and subsequently in this flown by myself, is now able to keep the disposition to form took polypus in check, by smoking the cigarette, and expelling the

smoke through his nose, when he feels uneasiness which warns him that he has to fear a recurrence of the disease,

In the treatment of the form of deafness which is dependent upon an obstructed Eustachian tube, I have increasingly numerous cases in which the smoke forced into the tympanum from the throat gradually restores the sense of hearing. The circumstance which first led me to adopt this method was hearing a deaf patient on one occasion remark that, when he was sneezing the day before, he heard perfectly. the violent effort appeared for the moment to have dilated the Eusta chian tube, and hearing was the result. I have at present under my care a patient who has been deaf for seven years, and he has benefited more by this method of treatment than by any other. In this case, however, simple brown touch paper made into cigars appears to be of more service than the mercurial cigarettes.

Such is an outline of the cases likely to be benefitted by this mode of treatment, and the various methods in which it may be employed. It offers a reasonable appearance of advantage in what are often very intractable diseases; and in bringing it more prominently before the profession, it is with the hope that it may prove a useful addition, in however small a degree, to the remedial agents at present in our Modifications of the method itself, and the employment possession. of other agents capable of being converted into the form of varour will, no doubt, suggest themselves to the experienced practitioner, if he is satisfied by the results of trial that the principle itself is a beneficial one.

I use, for making the mercurial cigarettes, fifteen grains of intrate of mercury, fifteen minims of strong nitric acid, and six drachus, or as much as may be sufficient, of water.

Dissolve the nitrate in the nitric acid diluted with the water, and aided by a gentle heat (such as the top of an oven), and soak in the solution thick white blotting paper (eight inches by six). Divide it into eight slips, which are to be rolled round a quill or pencil into cigarettes before they are quite dry, and gummed along the edge. the paper is quite dry before it is rolled, it becomes brittle, and breaks in the folding.—Brit. Med. Journal, Sept. 24, 1859, p. 769.

^{163.—}Remarkable Effects produced by adding Sherry Wene to the Blood .- Dr. William Addison describes these at length, as follows At first there is no disturbance in the liquor sanguinis, or plasma, owing to the addition: but afterwards the fluid is seen by the microscope to contain multitudes of molecular particles, which, as Dr. Addison thinks, have come out of the red corpuscles. The corpuscles not only throw off these molecules, but also long threads or tails are prosected by them into the fluid. Sometimes as many as five of these tails are seen issuing out of, and remaining attached to, a single cor puscle. They all terminate in a knob at the extremity, and wave

about in a very extraordinary manner. Many of them grow thicker: from being at first a delicate filament, they swell out to a considerable thickness, and then breaking away from the corpuscle, they continue a kind of wriggling movement in the fluid. Others remain attached to the corpuscles, and attain a very great length. At the same time. from the numerous molecules issuing from the corpuscles, the liquor sanguing becomes troubled or disordered, as just described. Dr. Addison describes the corpuscles as undergoing various internal changes before the appearance of the tails, and he remarks that on the addition of the wine to the blood all disposition in the corpuscles to adhere in rolls is removed. Sherry wine alone will produce all the effects described: but the best manner of repeating the experiment is as follows:-Dissolve two grains of common table salt and one grain of carbonate of soda in half an ounce of water. Take a slip of glass and receive on it a "very small" drop of blood; then place, by means of a pipette, a small drop of the saline solution close to, but not touching, the blood. and add to this double the quantity of sherry wine. Let fall a thin piece of glass Tpon the fluids, and they will mingle in various proportions. To observe the effect of the fluids upon the corpuscles of the blood, the edges of the mixture, and not the middle of it, must be looked at. The fullest effects take place in half an hour. Dr. Addison appeals to this experiment to show that the corpuscles of blood very probably during life throw off morbid matters into the liquor sanguinis, and thus become a source of disorder or distemperature to the fluids of the blood. He argues that symptoms of fever arise from disorder of the corpuscles. Miasms in the air, he says, affect the corpuscles of the blood; a contagious virus is generated, and this is excreted from the corpuscles into the fluid. Thus he seeks to account for the sequence between fever and inflammation; fever appears when the corpuscles of the blood are discussed, inflammation when the fluid or plasma is disordered.—Brit. and For. Med.-Chir. Review, Oct. 1859, p. 521.

^{164.—}On the Treatment of Aneurism by Compression. By S. A. Cusack, Esq., Surgeon to Steevens' Hospital, Dublin.—[Doubtless manual pressure is the best means of compressing the femoral artery in cases of popliteal aneurism—but it cannot be used successfully on account of the immense labour required to keep it up for any length of time. The nearer we can imitate this, the more successful shall we be in our treatment. Mr. Cusack recommends the use of conical weights suspended from a simple frame overarching the limb. The rounded point of the weight can be made to press accurately on the artery, and by means of additional discs of metal fitting on to the top of the original weight, the pressure may be increased to any required extent. About five pounds and a half will partially obstruct the arterial flow; eight or eight and a half completely. The author concludes the subject by the following rules to be observed:

The patient should be subjected to the usual diminution of diet,

and sedative treatment; abstinence from drink being particularly

enjoined, as recommended by Dr. Bellingham.

2. The patient having been put on a moderately soft mattress, and a pillow placed under the knee, a weight of about five and a half pounds should be applied every alternate hour, during the day, to the artery at the groin, and withdrawn at night. The lesser end of the leaden weight which I use is rounded off to the size of a hemisphere. of one inch in diameter; and the integuments are protected by one or more layers of chamois leather.

3. After the lapse of six or eight days, or sooner if the collateral circulation has been fairly established, the weight should be increased to eight and a half pounds, so as to imitate the ligature, and completely obstruct the main artery, care being taken that it is not left on more than an hour or an hour and a half at a time. In this way an immediate cure may sometimes be effected by the formation of a coagulum; or, if not, more slowly by the deposit of fibrine. — Dublin Quarterly Journal, Nov. 1859, p. 340.

165.—ON THE PATHOLOGY OF OVARIAN DROPSY.

By Dr. J. Y. SIMPSON. Professor of Medicine and Midwifery in the University of Edinburgh.

The ovary, like all other organs of the body, is liable to various forms of disease, and to become the seat of different kinds of morbid But the form of disease or degeneration to which it is above all others prone, is that commonly spoken of as dropsy of the ovary, consisting of a hypertrophy of the organ from the development in it of a number of large cysts or sacs filled with serous fluid. The ovary consists normally of an aggregation of many minute cysts-the Graafian vesicles, which are the essential elements of the organ, inasmuch as in them the ova are formed. These cysts are imbedded in a fibrous stroma, serving to support and separate the different sacs, and to permit of the ramification of vessels and nerves in their exterior. Now, it is a well-known and often exemplified law in general pathology, that when any organ becomes the seat of a new or morbid growth, this new or morbid growth most readily takes on a form of development leading to the formation of a tissue akin to the normal anatomical structure of the organ in which it has its seat. It is in accordance with this great law that the ovary is so pre-emmently prone to become the sent of cystic degenerations. But we meet with various forms of cystic degeneration or disease in the ovaries and their neighbourhood. Within the external margin of the broad ligament. where the peritoneal layers pass downwards and backwards from the fimbriated extremity of the Fallopian tube to meet and invest the ovary, there lies a fibrous-looking, fan-shaped structure, imbedded in the folds of the peritoneum, and known as the organ or body of Rosenmuller—a body of but little importance in the adult, and rarely made

a subject of anatomical or pathological observation. In the feetus, however, it is relatively much larger than in the adult, and is an object of correspondingly greater importance. I have sometimes had occasion already to refer to some of the analogies between the different segments of the male and female organs of generation, and to point out the unity of structure that pervades the two sets of organs; and I may here state that the body of Rosenmüller is in all probability, as pointed out by Kobelt, who has named the organ in question the Proovarium, the analogue in the female of the male epididymus. They each represent at least in their respective sex, the remains of an organ of great size, and apparently of great importance in foetal life -the Wolffian body. But what I want more particularly to say at present with regard to the pro-ovarium is this, that being the remains of an organ of tubular structure, the tubuli do not all become entirely obliterated and degenerated into mere fibrous cords, for some of them retain their original character till far on in adult life, and occasionally a secretion of serous fluid takes place into these cæca or tubes, distending and or larging them, and so producing one of the forms of eystic degeneration so often met with in this locality. The form I allude to consists of cysts between the layers of the broad ligaments, or elongated pediculated cysts attached to the fimbriated extremity of the Fallopian tubes, or their neighbourhood. It is not, however, of this form of cystic disease that I am now to speak, nor of that form of dropsy, which depends on partial obliteration or occlusion of the Fallopian tube and its distension by the secretion of fluid into it between two obliterated points. We put these out of the category of cases of ovarian dropsy, seeing that they have not their seat in the ovary itself, but only in the organs nearest it, and pass on to the consideration of the various forms of cystic disease to which the ovary itself is liable.

- 1. Unilocular Dropsy of the Ocary.—The simplest form of ovarian dropsy is that where there is one single large cyst developed in one or other ovary, with very thin walls, and filled with a simple serous fluid. This is the form of the disease which we most desire to meet with in practice, for it is that which is most amenable to treatment, and in regard to which we may always most confidently hope for a favourable termination. Unfortunately, however, the unilocular ovarian dropsy is a very rare type of the malady; for far more frequently we find it presenting itself as in the case of all the hospital patients you have had occasion to see, in the form of
- 2. Multilocular Dropsy of the Ovary.—In this form of tumour we have not one single cyst, but a vast number of cysts of different sizes, usually, however, with one or two of these greatly predominating in size over the others. Multilocular ovarian tumours may be found of every possible size; and it is among this class that we find those rarer cases from time to time occurring in which the tumour is recorded to have attained to almost fabrilous dimensions. At first,

however, they are of small size, and the diminutive cists of which they are made up are all pretty nearly of the same dimensions. The great subsequent bulk of the tumour is usually produced by the excessive development of a few of the peripheral sacs, one or two of which usually come to be much more distended and prominent than any of the others. It is a matter of very great practical importance to remark and remember, in regard to the growth of multilocular ovarian tumours, at what part of the mass it is that the greatest enlargement of the several cysts generally takes place. Fortunately for the prospects of successful treatment, the cyst or cysts which take on the greatest and most rapid growth are as I have said, those which are placed towards the surface of the tumour, and at its upper and anterior surface. The largest cysts thus, as a general rule, forinnately come to he, as development proceeds, high up in the abdommal cavity, and closely applied to the internal aspect of the anterior abdominal walls, through which they can most readily be reached by the trocar and canula, and thus most readily evacuated and obliterated. ' This development of the cysts in the superior and artenor aspect of the periphery of the tumour takes place in accordance with a general pathological law, viz., That the extension of a morbid growth .-especially if it contains fluid, goes on most actively in the direction where it meets with least resistance to its increase from the normal anatomical structures of the body. The firm floor of the pelvis presents an unyielding obstacle to the growth of the tumour in a downward direction, so that the cysts at the lower part of the tumour having no 100m to become enlarged and extended, remain, in general, comparatively small and undeveloped; while the cavity of the abdomen, filled only with the soft and mobile viscera, and closed only in front by the distensible abdominal muscular wall, affords free space for its enlargement upwards and forwards. In this direction, accordingly, the development of a dropsical or multilocular ovarian tumour chiefly occurs, and partly by the breaking down of the septa between cysts originally distinct, but more by the secretion into the cysts of a quantity of serous fluid, or gelatinous matter, the cystic mass often finally ends in the formation of a single large prominent cyst, or of two or three prominent and predominating cysts, which then become more accessible for tapping. Sometimes you will find a few cysts of smaller size lying higher up even than this large and prominent sac. For occasionally when cysts are at first divided by very thick disseptments, these may resist the process of atrophy which occurs in the great majority of them, and leads to their destruction, and the fusion of contiguous cells; and then the cysts thus surrounded by a thick wall may remain even in the very summit of the tumour, projecting into the cavity of the large cyst, and appearing like a new tumour growing on the interior of its wall. But fortunately for the practitioner. I again repeat, it is not the cysts which are situated lowest down in the pelvis that grow the quickest, and enlarge the most, but

those which are situated above, and stretch up behind the thin abdominal parietes, through which they may readily be reached by the point of the trocar.—Med. Times and Gazette, Oct. 29, 1859, p. 423.

166.—Peculiar Effects of Phosphorus.—At a session of the Cercle de la Presse Scientifique, in Pans, the Abbé Moignot directed attention to two facts, novel, and fit to figure in the pathogenesia of a poison, already charged with so many mischievous properties. Females, being encernte breathing air filled with phosphoric emanations in the establishments where matches are made, are sure to abort; and this result is so common and well known, that, in localities where the manufacture of matches engages a large number of workmen, the women profit by it to rid themselves of the product of conception. The abbe made this statement on the authority of a pious ecclesiastic, who guaranteed its authenticity. In men submitted to the same conditions, phosphorus vapours induce, after a little while, a vehement excitation of the generative functions. It is now left to the profession to verify the tryth of these statements, full of interest, and susceptible, possibly, of being made useful, not only in prophylaxis, but also in therapeutics. Mons. Chevallier has commenced an investigation of the subject, which will be afforded the public as soon as any reliable results have been obtained. Jour. de Chim. Méd. American Med. Monthly, June 1859, p. 450.

167.—Removal of Rings from Swollen Fingers. By E. Garraway, Esq., Faversham —[The following method of removing a ring from a swollen finger is not so generally known as it deserves.]

A reel of cotton is wound evenly round, beginning on the extremity of the finger and bringing each coil into close apposition with the preceding, until the ring is reached. A needle is then threaded with the cotton, and passed under the ring, and the thread is carefully unwound from the finger. The ring follows each coil as it is successively unrolled, and by almost imperceptible degrees is broughtover the knuckle and removed. Care must be taken that the cotton is wound on evenly, particularly over the protuberant and swollen knuckle, or an entanglement will occur in the unwinding. A small curved needle will pass more readily under the ring than a straight one. The process requires time, care, faith, and patience; but the reward is ample in the gratitude of the suffering patient, the signet of whose marriage bond has been saved from destruction.—British Med. Journal, July 9, 1859, p. 541

¹⁶x—Iodide of Petassium in Hydrocephalus. By Dr. Carson-Colerane, Ireland.—[The fourth volume of the Retrospect contains a very interesting paper by Dr. Roeser on the exhibition of iodide of potassium in the last stage of acute hydrocephalus.]

When I saw this paper in 1841, I had a case of hydrocephalus on my hands. The patient was, as far as I could judge, completely hope-All the ordinary treatment, such as leeching, cold applications, extensive blistering, mercurial action, &c., had been adopted without the slightest benefit. The child lay insensible for a considerable time. with dilated pupils, squinting eyes, and frequent convulsions: he was in the last stage of the disease, and apparently near his end. I gave him two grains of the iodide of potassium every second hour, and he made a perfect recovery. I have had another opportunity, during this present month, of testing the value of this plan of treatment. Miss -, aged five, after a slight term of gastric derangement, was suddenly seized with an attack on her brain. The acute stage was not violent, and passed speedily over. But the effusion progressed steadily in spite of mercurial action, blisters, &c. She was incapable of being raised, and passed urine and fæces without being conscious of it. The pupils were as wide as they could be, but there was neither squinting nor convulsions. There was not the least sign of improvement at the end of twelve hours after the mercurial action was established. I then put her on the two grains of iodide of potassium every second hour. and stopped all other treatment. On the second day the sensibility had so far returned that she could be annoyed by rubbing the blistered surface on her head, and she was aware of the calls of nature. On the third day she cried when moved on the pillow, and at the end of the fourth day she was perfectly sensible, and the pupils had returned to their original condition. She progressed rapidly after that, and is now as well as ever .- Med. Times and Guzette, March 5, 1859, p. 245.

169 — The Dietetic Treatment of Defective Lactation. C. H. F. ROUTH, Physician to the Samaritan Hospital for Women and Children .- It has been long known that one of the most effective methods of increasing the flow of milk in all animals is to give them an abundance of food; and it is almost exclusively this plan of treatment which has been followed out by practitioners of the day in increasing the flow of milk in the human female. Simon had proved already by a special experiment made upon a woman in very poor circumstances (and in whom he examined the milk at fifteen periods. commencing with the second day after delivery), that in proportion as he gave her good food, so in proportion did the quantity of solid matter in the milk increase, albeit the quantity of liquid matter was not so much affected. Hence it is that practitioners seem to have so much faith in this method of increasing the quantity and quality of milk, that they rarely adopt any other. The quantity of food given is far more closely investigated than the quality. Here, again, much that I have before said on the subject of milch cows or goats feeding, in former papers, applies equally to a suckling woman. It is the same common office to be performed in both cases. There is, however, this difference. The plan to be adopted with a woman is to produce milk not only sufficient in quantity, but nich in quality, and in this respect therefore, the disalvantage of a duction exclusively vegetable is to be guarded against. Such tool generally makes the milk thin and serous and it is only when it is nich in legiuminous plants, and in the higher cereatia or it is in each or a due quantity of initi genous matter enters into the vegetable aliments taken, it it both the quantity and quantity of milk supplied a growth.

Expert a cannon, archim women proves the efficacy of analogous alment at a lart among the grains are lentil powder, or the so called never lart, but peas cup and bean-soup have also a marked effect in approximation flow and archiness of mak. The lentil and bean however is prefer the topes where they are as easily procurable. By the the test at the first is slightly apericant and the latter does in a produce flatus either to mother or child, which peas are very

ant to movoke

Here is a nemedy that has some notoriety among women in the present day, viz whiting soup, which is generally believed to provoke a flow of milk I believe this is true but that the effects are somewhat evaggerated Still it is a good change fish, and particularly those varieties which are rich in phosphoias, I allude to oysters and crabs, are very efficacious. Of course these last must be sparingly taken at first, and particularly during the first months of suckling, because they do not always agree with the infant producing unticaria and roughla but where this effect is not produced these kinds of food afford a ready means of supplying the phosphates which are so beneficial to both mother and child. As fir as my own experience however goes I give very much the preference to Conger-cel soup. It is not generally known, but is I am told the case, that it forms the basis of all rich and nourishing soups, and for this reason our French brethren who have so much taste for "potages," import them in immense quantities from this country, where they abound As a soup, it is peculiarly nourishing and very readily improves both the appetite and the strength Like lentil powder, the stomach will often retain it when it will reject all other kind of food. Mr Jones, of Jersey steaks highly of it and gives a case in which, after all other means had fule lat checked vomiting after chloroform. Its comparatively cheap price also renders it very easily obtainable by the poor. (rils is a remedy f r increasing the flow of milk is of very old date. It is a mineraled by the author of "Gynæciorum" (p. 634, A) a so he much is for the same object a bluersh coloured fish (glancisous then in its pine and a variety of smalls ismaildes) taken with teners and boiled in mil - Med Times and tracette, May 21, 1 17 ...(1



INDEX TO VOL. XI.

	PAGE
Abortion Dr Barker's case of intractable diarrhoa and vomiting after	2 165
in luced by the vapour of a hosphorus	414
on the treatment of hemorrhage aft r	2169
Al acess privie on the introduction of an exploring needle in	2121
Acue sebacca use of c'hlohydric acid in	1199
Acute periostitis Mr Curling on	111
rheumatic ophthalmia recovery under morphia treatment	221
Alams Mr J on surgical openings into the kncc joint	107
Addison Dr W on fever -the duality of its source	Į
on the effects produced by sherry wine in blood	409
Addison's disease Dr Wilks on	83
Air pessary its use as a plug in I dilutor if the os ateri	255
Amputation Dr Watson en Pirogoff's operation	1(11)
of the pents Mr Teale on	186
Anæsthetic a lyar ta, es of sulphuric ether as an	4117
Ana mia lymphatica Dr Pavy's case of	77
Anasarca albuminous treated by large doses of tannin	84
Aneurism, Mr Cusack's treatment by compression	410
Mr Hart's case treated by flexion	118
— Mr Pemberton s case treated by flexion and compression	122
Mr Shaw s case treated by flexion	120
Ankle joint Mr Hancock en resection of the	91
Anthrax Mr Collis on incisions in	138
Arsenical personing use of carbonate of iron in	371
Artificial anus Dr Meier on the formation of	113
Ascarides M Comperat s remedy for	147
Ascites Dr Paley on cases apparently arising from acute peritonitis	58
Asthenic pucumonia Dr Russellon	47
Asthma Dr Salter on	Rvili
Astragalus Mr Frichsen on the treatment of disease of the	98
Ballard Dr F on diphtheria and epidemic sore throat in Islington	18
Barker Dr I H has case of intractable vomiting and diarrhosa after abortion	276
Barlow Dr G H, on the diagnosis and treat nent of heart disease	43
Brines Dr R on the physiology and treatment of placenta prævia	258
Ba chiller Dr on the employment of compressed sponge	380
Brile Dr I on excess or deliciency of urea in the urine	77
I chier M on medicated subcut incous injections	278
I I sores in cases of paraplegia Di Brown Sequard on .	192
B bren t Mr H on the trustment of irritable bladder	184
I ellagor na use of in chrenic diuresis	82
B il & Watson on extraction of cataract by linear meision	215
Bladder an lyrostate on long standing disease of	179
rritable on the use of belladenna in	184
Bl ling piles Prof Simpson's mode of checking hemorrhage from .	XV.
Bleed on the remarkable effects produced by adding sherry wine to the	409

		PAGE.
Bottomley Mr. G., on diphthera and its treatment	• •	- 6
Bozeman, Dr. his operation for vesico-vaginal fistula	• •	271
Brathwaite, Mr. W., his examination of homocopathy	• •	322
Bristoice, Dr J S, on the treatment of diphtheria	••	7
Bronchitis, M Ghigha on the use of veratria in	••	57
Brown Sequard, Dr on collepsy	••	32
on hysteria and chorea	• •	33
Brown, Mr. I. B , on ovariotomy	• •	192
Brown, Mr. I. B , on ovariotomy	•••	300
Bryson, Dr. A , on night-blindness in connexion with scurry	•	219
Burns, treatment of contractions from	••	115
Camplin, Dr J. M., his cases of diahetes		80
Cancerous ulceration close to the inner canthus, Dr Mackenzie's case of		205
Carbonate of lead, its use in the treatment of phthisis	•••	55
Carbonic acid gas as a sedative in uterine diseases	••	310
		188
Carbur cle, use of pigmentum album in		188
Carcinoma uteri, Prof Simpson on the treatment of		309
uteri on the diagnosis of		278
Carson, Dr. on todade of potassium in hydrocephalus		414
Caruncles, urethral, Prof. Simpson on	••	275
Cataract, Mr. France on the use of forceps in extraction of		216
extraction of by linear incision		215
Cellulitis pelvic, Prof Simpson on	•••	264
Cerium oxalate of, Prof Simpson on		241
Cervix uters, treatment of superficial inflammation of		281
- uter, use of compressed sponge for dilating		380
Chilblains use of chlohydric acid for	•••	190
Chlohydre acid in cutaneous affections	••	190
Chlorate of potash, Dr Fountain on its efficacy in various diseases		396
of potash, Mr. Weedon Cooke on its use as a tonic		397
of potash, Mr. Weedon Cooke on its use as a tonic of potash, its use in ulcerous stomatitis	• •	60
Chloroform, M. Berthe's tests for		370
Dr. Kidd on its use in hepatitis		71
Chorea and hysteria, Dr. Brown-Sequard on		33
Chrome dures in a man aged forty		82
Chronometry of life, Mr. Paget on the		384
(Reland, Dr J , on the use of saccharated lime in medicine		393
Civiale's urethrotome description of		164
Coal tar disniceting powder of MM. Corne and Demeanx		399
Coffee, its use in asthma	٠,	XIX
Cold affusion, its efficacy in narcotic poisoning	• •	38
Colles, Mr. M H., on incisions in authrax		188
Compressed sponge, Dr Batchelder on the use of	••	380
Condylomata, use of chlohydric acid in		190
Constipation, chrome, use of saccharated lime in		395
in children, Dr. Jacobion		322
Contraction from burns, Mr Coote's treatment of	••	115
Cooke Mr W., on the chlorate of potash		397
Corne il fistula, Mr. Dixon's case of		202
Coup de soleil, Dr Simpson's report on, in India		401
Croton oil as a counter-irritant in hydrocephalus		36
Croup. Dr. Missoux on the efficacy of sulphate of copper in	••	- 58
enlarged tonsils a protection against		56
Cuboud bone Mr Frubsen on diseases of the	• •	99
Cunerform bones, Mr. Frichsen on caries of the	• •	5)9
Curion Mr I B., on acute perostitis	••	111
Chiadle tonsis a protection against Cutoid bone Mr Frebsen on diseases of the Cuneform banes, Mr. Frebsen on caries of the Curion Mr F B., on acute perositis Custok Mr S A, on the treatment of aneurism by compression Cutom one affections use of chlorovern acut m	• •	410
	••	190
Cyanosis from heart disease, chlorate of potash in	• •	396
Daves Mr R, his cases of prolapsus ani and hemorrhoids	***	134
the rathest ours of hernin		196

Defective assimilation in infants, Dr. Routh on					PARE
- lactation, Dr Routh on the dictetic tre					17
Diabetes, Dr Camplin's cases of	minent (31			41
Dilatation, M. Garrel's india-rubber apparatus for		••			81
of the female prother are of con-		*:			71
of the female urethra, use of compress	ed apong	to for	• •		11
The and complete after about the	••	• •			14
Diarrhea and vomiting after abortion, intractable	case of				299
Inphtheria, Dr. Ballard on Dr. Bristowe on the treatment of	••				11
Dr. Bristowe on the treatment of	••	***			
Mr Bottomley on		***			i
- Ir. Jennings on the treatment of		1.			1
- Mr. Mr. Donald on Mr. McChe's treatment of					10
M Roche's treatment of	٠,		4.4		î.
Mr. C. S. Smith on the treatment of					- 7
Mr. T. H Smith on		••			1.
Disease, on the nature and cure of	••		• • • • • • • • • • • • • • • • • • • •	• •	30
Discased hone, use of the sponge tent in cases of			•••		34
Disinfectant powder for gangrenous sorce		::	••		
Distended bladder, Sir B. Brodie on the relief of	•••	• •	**	•	19
Diuretic, Mr. Byerley on a new	••	••		• •	3 (0
Diuresis, chronic, Dr. Willshire's treatment by be	dadonna	. •	• •	• •	37
Donkin, Dr. A. S., on the pathology and treatmen	at of min	i innés w	4 9		8:
Dyspepsia, obstinate, use of saccharated lime in	tr or bire	enta p	LSEALS		24
Dyspepate, obstitute, as or saccitatacca fille in		• •		* *	39
			•		
Ear, Dr. Archibald on removal of foreign bodies		• •			23
Feraseur, its use in hemorrhoids and prolapsus at	nı		,,		134
Eczema use of pigmentum album in				***	18
Enlarged joints, use of compressed sponge in					38
tonsils a protection against croup		,	••	•	51
Fnilensy, Dr Brown-Sequard on	••				
Fpilepsy, Dr Brown-Sequard on Erichsen, Mr. J. on diseases of the tarsus	••	**		• •	3· 9i
Erysipelas, Mr. Freer on the use of pigmentum al	huns an	•	••		
Fther and chloroform, Dr. Hayward on	Dull III	•	•	***	18
Freision of the ankle joint, Mr Hancock on	•••	• •	• •	* *	411
Excretions, Dr. Inman on the influence of vitalit		• •	••	* *	()
Excittions, Dr. Imman on the mindence of vitality	y upon		***	• •	36
Fergusson, Prof , his case of double fistula-in-ano					13
his case of lithotrity					15
Fever, Dr. Addison on the duality of its source					
rheumatic, on the treatment of					2.
surgical, on the use of veratrum viride in	•••	••	• •		11.
Fissure of the anus treatment of .			.,		13
Fistula-in-ano treated by division of the sphincter	. **	••		4.0	13
treated by injection of indine		::	***	••	13
treated by injection of iodine use of a compressed sponge tent in	••		• •	• •	38
Fistula, vesico vaginal, Dr Bozeman s operation	fou.	••	* *	* *	
	IOL	• •		•	27
	**	••	• •	* *	20
Forceps, on the use of in extraction of cataract	•	***	***	• •	21
Fountain, Dr., on the chlorate of potash	••	***	* *		39
For, Dr. W. T. on parasitic fungi affecting the h					19
France Mr, on the use of forceps in extraction					21
Freer, Mr. A., on the use of pigmentum album in	cutaneou	is disec	1868		18
Gangrene, MM Corne and Demeaux's disinfectar	at powde	r for			19
Garrel, M., his applications of caoutchouc air-bag	s.				31
Glaucoma, Mr Hancock's new operation for	• •				22
- Mr Hulke on the symptoms diagnosi	s, and tr	eatmer	it of		22
Gondouin, Dr., on turpentine in neuralgia and pu	erperal d	liseases			30
,,			•		
Hancock, Mr H., his new operation for glaucoma	١.			• •	22
on painful cicatrix and irritable	stumn				11
on painful cicatrix and irritable			•	•	9
Harley. Dr. G , on the treatment of tetanus by W	ourah no	uson			3
Hart, Mr. E, his case of popliteal aneurism	outun In	. W. 11	•••	• •	11
seem of services to the coop or bedriever enterright	••	• •	•	• •	41

			PAGE.
Hayward Dr. G, on other and chloroform	• •	* *	405
leart disease. Dr. Barlow on the diagnosis and treatment of	• •		4.3
Hemorrhage after abortion, Mr. Jones's case of		• •	240
	• •	• •	126
uternal, Dr. Warren's styptic in uternae in malignant diseases, to arrest	• •	•••	7.71
Hemorrhoids Mc Division the use of the ecraseur in		• •	
and the state of t		• •	1'34
Mr H. Smith on the treatment of	••		1,14
mode of checking hemorrhage from use of the sponge-tent for compression of			***
Hopatitis treated by chloroform		• • • • • • • • • • • • • • • • • • • •	71
Hernia, Mr. Davies improved instrument for the radical cur-		;;	
Mr Wood's operation for radical cure of	••		*****
Hesley, Dr. T. P. on the cerebro-spinal symptomatology of we	orms		
Heslop, Dr. T. P., on the cerebro-spinal symptomatology of we Hicks, Dr. J. B., on the knestcine of pregnancy			***
Homosopathy, Mr. Braithwaite's examination of the principle	sof		
Hulke Mr. J. W., on the treatment of glancoma			40. hou
Hulme, Mr. E. C., on obstructions of the lachrymal passages		***	2.4144
Hunter, Mr. C., on the hypodermic treatment of disease	• •		371
on the mode of employing the hypodermic tro	atment		146
Hutchmon, Mr. J., on syphilitic inflammation of the eye			
Hypothermic injection, Dr. Skinner's syringe for	٠,		140
	• • •		
Hydrocele, Mr. Pollock on the use of silver wires in			
Hydrocele, Mr. Pollock on the use of silver wires in			
Hydrocephalus, Dr. Carson on modide of potassium in	• •		
Dr. Watson on the use of croton oil in unsuccessful results of tapping in	* •		
unsuccessful results of tapping in		• •	
Hysteria and chorea, Dr. Brown-Sequard on	••	• • •	. 33
Idiosyncrasies, Mr. Nunn on			367
Incisions into the knee-joint, Mr. Adams on			1
Infantile syphilis, remarks on a case of			308
Infants, Dr. Routh on the treatment of defective assimilation	in		57
Inflammation of the breast, application of compressed sponge	m		. 380
Inman, Dr. T., on the influence of vitality upon the excietion	9	, .	. 361
Internal hemorrhage, use of Dr. Warren's styptic in			
meision, value of in obstinate stricture ·			
Intractable vomiting and diarrhosa after abortion	• •	• •	
Inverted uterns, Dr. M'Chutock's extirpation of by ecrasemen	it	• •	
fodide of potassium in hydrocephalus	• •		
lodine injection, its success in unilocular ovarian cysts	• •	• •	
Indectoniv, Graefe s operation in glaucoma	• •		
1718, Dr Letheby on the structure and movements of the	•		101
Irritable bladder, Mr Behrend on use of belladonna in	• •		
*tump, Mr. Hancock on the treatment of		•	. 114 197
Itch, M. Bour, aignon's glycerine ointment for			
Jackson, Dr. R., on cold affusion in norcotic poisoning			640
Jackson, Dr. 16., on cold antision in norcotic poisoning	•		. 30
W . 1 . W			4.0
Jaundice, Dr. Ward on the treatment of			
Januarys, Mr. J. C. S. on the treatment of diphthoria. Johnson, Mr. H. C. on hemorrhage from the supernetal palm.			
Journal Mr 11 C on hemorrhage from the supernoial paim	ar arch		
Jones, Dr. C. H., on the nature, seat, and relations of neuralg	1a		
his case of hemorrhage after abortion	•		. 240
*			
Kidd, Dr. on hepatitis treated by chloroform			
Ku steme of programos, Dr. Bicks or a new test for			
Knee point, Mr. Adams on incisions into the			. 107
Labia, pruntus of the, in females	•		
Labour, premature, its induction by catheterisation			. 242

Tankannal duat Mr. Walton's treatment of during the			PANT.
Lachrymal duct, Mr. Walton's treatment of disease of the			2112
passages, Mr. Hulme on the obstruction of the			1.79
Lactation, deficient, on the dictetic treatment of	***		41.5
Laudanum in weak vision of the aged			- 47.
Letheby, Dr., on the structure and movement of the ris	***		2.04
Linear meision, Bell and Watson on extraction of catarnet by			215
Lithotomy, different modes of performing in English because le		454	14.0
median, Mr. Wheelhouse's case of			
I sthotasty Mr Margueson's mode of operating		4 3	14%
Mr. F. C. Skey on	• •	•	l Na
gage unsuitable for	• • •	• •	134
Lupus superficialis, Dr. Willshire's treatment of	• •		154
Lupus superneians, Dr. winshire a treatment of			1911
The second secon			
Macuna pruriens, its external use as an excitant	**		379
Magnetic carbide of iron, filtering properties of	**		. 114
Male-fern, an antidote to snake bite			374
Malignant growths, use of compressed sponge in the treatment	i of		383
M'Clintock, Dr. A H., his case of extirpation of an inverted M'Donald, Mr. J. P., on diphtheria	vit. *114		21/1
M Donald, Mr. J. P., on diphthens	440 8 440	• •	10
Measles and scarlatina, treatment preventive of the sequelae	.4	**	
Madicated subcutantons are unicotions M. Daktor on)1 ·-		24
Medicated subcutaneous injections, M. Behier on Medicines in vapour. Dr. Nevins on the internal employment of		* *	370
Medicines in vapour, Dr. Aevins on the internal employment of			4117
Meier, Dr., on the formation of an artificial anus			135
Mercurial salivation, use of chlorate of potash in	**	***	12.14
Metallic sutures, new needle for		444	117
Missoux, Dr . on the efficacy of sulphate of copper in croup			51
Moore, Dr. W., on a case of reflex paraplegia			34
Manhon Addresses on decolorsystian of the character		• • •	
Murray, Mr. J. J., on the use of the air pessary in labour	**		81
murroy, mir. a. a., on the use of the an pessary in minour	•	* *	254
No. and the evely correct Mucrelell Herrital			10.7
Nævus of the eyelid, cases at Moorfields Hospital			20
use of chlohydric acid in			194
Nævi of the rectum and urethra, use of nitric acid in			27
Narcotic poisoning, Dr. Jackson on cold affusion in			38
Needle for metallic sutures	• •		11.
Neuralgia, Dr. Gondouin on the internal use of turpentine in	•••		30
Dr. Gueneau de Mussy's treatment of		•	xi
Dr. C. H. Jones on the nature, seat, and relations of	• •	4	
	~		21
Mr Hunter's cases treated by narcotic injections		* *	37
Nevins, Dr J. B., on the internal employment of medicines in vi	apour		40
Night blindness in connexion with scurvy			21
with scurvy in the Crimea			112
Natric acad, ats use in hemorrhoids and prolapsus of rectum			13
Non-malignant tumours, use of compressed sponge for	-		38
Nourse, Mr W. E. C , his treatment of prolapsus uteri		• • •	2×
	•		36
Nuun, Mr. T. W., on idiosyncrasies	• •		20
PD 31 / / A 137//			
O'Connor, Dr., his treatment of syphilitic pneumonia			п
Offensive leucorrhoeal discharges, to counteract	* *		31
Ophthalma, acute rheumatic, use of morphia in			22
Ophthalmoscope, M Græfe's new			2.7
Mr Walton's mode of using			22
Os calcis, Mr. Erichsen on the treatment of disease of the			1)
	••	• •	0.6
Ova Dr. Mattei on the appearance of yearly ripening of, in wom			29
Ovarian cyst, unilocular, success of iodine injection in			
dropsy, Prof. Simpson on the pathology of			41
Ovariotomy, Mr. Baker Brown on	4		30
Mr. Speucer Wells on diminishing the mortality after	ε.		. 25
Oxalate of cerium, its efficacy in the vointing of pregnancy			24
Ozonized oils, Dr. Thompson on the administration of			39
A STATE OF THE PARTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE			., .,
Paget, Mr. J., on the chronometry of life			38
	•		11
Painful creatrix Mi Hancock on the treatment of	m 145		11
Paley, Dr W on ascites apparently arising from chronic perito	111615		; vi
Wilman with Mr. Laboran's unca of hamosphase from the			1"

4:2 INDEX.

				PAGE,
Paralysis, Dr Althaus on the effect of electricity in				Z.v
was a first that the state of t				192
Parasitic fungi, Dr. Fox on the identity of				193
Parker, Mr. L , on a new mode of relieving retention of urin	ıe		• •	156
	• •		٠.	74
		• •	••	268
	• •	* *	•	264
	• •	•	• •	122
49 4 4 1 4 M M M M M M M M M M M M M M M M	• •	••	• •	186
Perchloride of iron as a styptic		•	••	398
W		••	• •	111
The target of the same of the transfer and a fine	•	••	• •	318 259
Thurshams running affacts of	• •	••	• •	414
make of the first terms of the constitution of the terms	•••	••	••	55
Piregoff's operation. Dr Watson's mode of performing	• •	::,	• •	100
Placenta proving Dr. Barnes on the pathology and treatmen	t of		••	358
Dr. Donkin on the pathology and treatmen	t of			245
Placenta pravia, Dr. Barnes on the pathology and treatmen 1r. Donkin on the pathology and treatmen Mr. Murray's use of the air pessary in a cas	e of			235
Paeumonia, M. Aran on the use of veratria in				57
	• •			47
and the The City on the form the transfer of		••		54
to phoides, use of chlorate of potash in				396
Poisoning, Dr. Hown-Sequard on the effect of temperature	ın	••		xiv
arsenical, use of carbonate of iron in .				371
Y		• •		XV
Popliteal aneurism treated by flexion and compression		* *		122
and the second s				118
Polypus uteri, Dr Gardner on	• •	• •		280
Potassa fusa, its use in the treatment of stricture				174
			• •	242
	• •	4.		233
Prolapsus and, case treated by natric acid	•	••		136
use of nitric acid in		••	••	134
	• •		••	134
	• •	• •	• •	285
Prostate Mr. Thompson on long-standing disease of	• •	••	••	179
	• •	• •	• •	282
Pruntus of the labla in females, Dr. Rigby on	• •	• •	• •	285
The state of the s	• •	• •	• •	285 235
Physic Mr Roumen's cures at the Macrielle Hamitel	• •	• •	• •	203
	• •	••	• •	303
discount intermed and discount in	• •	• •	• •	305
discusor, macrina dec of entpendite in	• •	• •	• •	200
Ramsbothum, Dr. F. H., on puerperal convulsions				303
Ranula, Mr. Weedon Cooke's case of			.,	146
Rectum, prolapsus of, treated by nitric acid	• •			134
		,		145
Reflex paraplegas, strychma successfully exhibited in Removal of rmrs from swellen fingers	••			34
Removal of runts from swollen fingers		••		414
Retention of urine Mr Parker on a new mode of relieving	••			156
Encumatic fever, Dr. Whitley on the treatment of			• •	25
ophthalmia, acute, Mr. Laurence's case of	• •	••		221
Righty Dr. E., on pruritus of the labin	• •	• •	• •	2×3
Righy Dr. E., on pruntus of the labra Routh, Dr. C. H. F., on the treatment of defective lactation	1	• •	• •	415
- on defective assimilation in infunts	• •	••	• •	57
Russell, Dr. J , on astheme pneumonia	••	• •	• •	47
Saccharated line, Dr. Cleland on its therapeutic properties				395
Fords a termina for electric continent for	•			197
bushield time Mr. Linksen on the treatment of disease of	the	• •	• •	95
	_	-		***

INDEX.	4-1:

Searketina its relation to diphtheria			E ALAR
			14
- value of chlorate of potash in		* *	24
Source: The Russon on might blindage in comparison with	.,		397
Scurvi, Dr. Bryson on night blindness in connexion with Mr. Ovens on night-blindness in connexion with			210
use of chlorate of potash in			2 14
			3116
Sequelæ of measles and scarlatina treatment of			24
Shaw, Mr. A , his case of poplitcal aneursm			190
Sherry wine, Dr. Addison on its remarkable effects on the blood			46.4
Skey, Mr F C, on lithotrity on tracketomy Skinner, Dr T, on the treatment of sinus and fistula-in ano			170
on tracheotomy			350
			137
Silver-wire seton, on its use in hydrocele			157
Simpson, Dr. W., on coup-de-soleil in the 71st Regt			401
Prof., on the exploring needle in pelvic abscesses			268
on ovalate of cerium in the vomiting of pregnancy	• •		241
on the pathology of ovarian dropsy		•	
on the pathology of pelvic cellulitis	* *	* *	411
on the physical diagnosis of entrious resonance	• •	* *	244
on the physical diagnosis of spurious pregnancy on prurigenous vulvitus	٠	* *	233
on the treatment of agrainance mand	••	* *	281
on the treatment of extending ther	**		309
on the treatment of phlegmasia dolens			253
on the treatment of urethral caruncles	100		273
on the use of veratrum viride in surgical fever			117
Sinus, Dr Skinner on the treatment of			137
Finuses, use of compressed sponge for dilatation of			381
Smith, Mr C. S., on the treatment of diphtheratic sore-throat			9
Smith, Mr. H., on difficulties in the treatment of stricture	••		181
on hemorrhoids and prolapsus of the rectum		•••	134
Mr. T. II., on diphtheria		•	14
Snake-bite, the male fern an antidote for	• •	• •	371
Sponge, compressed, and sponge tents, mode of preparing	**	* *	
Spurious pregnancy, Prof. Simpson on the physical diagnosis of	••	• •	390
Stomatitis of children, use of chlorate of potash in		* *	233
		• •	396
ulcerous, treated by chlorate of potash		• •	60
Stork's-bill (Erodium Cicutarium), its use as a diuretic	•	* 4	379
Stricture of the rectum, Mr A. Todd's remarks on			144
of the rectum, use of the sponge-tent in	* *		352
of the urethra, Mr H. Smith on the treatment of .			181
of the urethra. Mr Thompson on internal incision in			157
of the urethra, Mr Wade on			169
of the urethra, Mr Wade on of the urethra, use of the sponge-tent in			382
Strychnia Dr Moore on its efficacy in reflex paraplegia	44		34
Strychnine, antidote to	• • •		370
poisoning, Dr. Bennett's case of	•		24
		• • •	127
Mr. Lawrence on the use of solid perchloride of iron as a	• •	• •	
			398
use of compressed sponge as a	•	* *	383
Sulphate of copper, on its peculiar efficacy in croup	* *	* *	55
Sulphuric ether, its advantage as an anaesthetic	• •	4.4	405
Sun-stroke in the 71st Regt. in India in 1858	•		401
Supra-renal disease, Dr Wilks on	• •		85
Sutures, metallic, new needle for			117
Sweating of the feet and hands, treatment of		**	190
Swelled testis, use of compressed sponge in			383
Swollen finger, how to remove a ring from a		• •	414
Syphilis, infantile, Dr. Tanner on a case of		a)	308
Syphilitic inflammation of the eye, Mr. Hutchinson's cases of		m	2(48
pneumonia, Dr O'Connor's treatment of	• •	• •	54
		•	140
Syringe for hypodermic injection, Dr. Skinner's	•	* *	140
Tanner Dr T H, on a case of infantile syphilis ,			308
Tannin, Dr. Garcier on its use in Abumunous anassarca	٠.	, ,	8.4

					PAGE.
Tape-worm, Dr. Heslop on the cerebro spunal syn	iptomato	logy of		٠.	61
induced by eating raw bacon	• •				70
Tarsus, Mr. Erichsen on diseases of the	••	• •	• •		96
Teule, Mr. T P., on amputation of the penis	:-	• •	• •		186
Tetanus Dr. Harley on its treatment by Wourali	borson	٠	• •	• •	37
Thompson, Dr. T on the medical administration			* *		392
Mr. II , on disease of the prostate an			: '	• •	179
on internal incision in obstin	iate strict	ure	:.		157
Tinea, on the identity of the parasitic fungi in		• • *			193
Todd, Mr A., on stricture of the rectum		• •	• •	• •	144
Tracheotomy, Mr. Skey's remarks on	٠.	• •	• •		366
Tumours, non-malignant, use of compressed spon	ige in	• •		••	383
ovarian, on the pathology of	• •	• •	• •		411
Tracheotomy, Mr. Skey's remarks on Tumours, non-malignant, use of compressed spon — ovarian, on the pathology of — uterine fibrous, treatment of Tumouring, its internal use in parallel and puge	**	• •			280
Turpentine, its internal use in neuralgia and puer	peral disc	eases	• •	••	305
Ulcerative stomatitis, use of chlorate of potash in		••	••		396
Ulcers, remarkable topical effects of chlorate of			• •	• •	398
Ulcerous stomatitis in the army, use of chlorate o		ın		• •	59
Urea, I'r Beale on its excess or deficiency in the t		• •		• •	77
Urethral caruncles, Prof. Sumpson on the treatmer	it of	••	• •		275
Urethrotome, Mr. II Thompson's	••	• •	• •	• •	165
Urethrotomy, Mr. Coulson's mode of performing		• •		• •	168
Urine, on excess or deficiency of urea in the		• •	••	••	77
retention of, new mode of relieving		• •	***		156
Uterine catheterisation, induction of premature l	abour by	• •	• •	• •	242
polypi, treatment of	••	• •	• •	• •	280
Uterus, cancer of, Prof. Simpson on the treatmen	tof	• •		٠	309
cancer of, on the diagnosis of		• •	• •		278
inverted, extirpated by ecrasement	••				286
prolapsus of, cured without operation	••	••	• •		285
Vaginitis, M. Fencher's treatment of	.**	• •	•	• •	189
Variouse veins, application of compressed sponge			• •		384
Vegetations of the glans penis, use of compressed		ior			383
Veratria, on its use in acute diseases of the chest			• •	• •	57
Veratrum viride, Dr. Simpson on its use in surgic		• •	• •		115
Vesico-vaginal fistula, Dr Bozeman's operation f		• •	• •	• •	271
Vomiting of pregnancy, Prof. Simpson's treatme			• •	• •	241
Vulcanised india-rubber, medico-chirurgical uses	of	• •	• •	• •	318
Vulvitus, prurigenous, treatment of	•	••	• •	••	282
Winds Mrs The sea the terretories of secretors had a	4				3.00
Wade, Mr R., on the treatment of urethral stric		1 3	* *	• •	169
Walton, Mr. H., his treatment of disease of the	-			• •	201
Ward, Dr. S H., on jaundice	**	• •	• •	• •	72
Water, new filtering and purifying medium for	**	• •	••	••	369
Watson, Dr. E , on Pirogoff's operation			• •	• •	100
Dr. J., on the use of croton oil in hydro			• •	• •	36
Weak vision of the aged, Prof. Nascar's treatmen			**	• •	228
Wells, Mr. T. S., on the means of diminishing th		ty after		ту	289
Wheelhouse, Mr C., on cases of median lithotom		• •	• •	• •	147
Whitley Dr. G., on the treatment of rhoumatic	rever	••	• •		23
Wilks, Dr. S., on morbus Addisonii	A 1 1		•	•	82
Willshire, Dr., his case of chronic diuresis treate	or na nerr	adonna	• •	• •	89
Wood, Dr T, his treatment of prolapsus and	hamile	• •		•	1.36
- Mr, his operation for the radical cure of	пения			*	130
Warran Dr Haslop on the cereiro-spinal sympto	nata 60103,	y 111			97

GENERAL INDEX

TO

VOLUMES 37, 38, 39, AND 40.

OF

THE RETROSPECT OF MEDICINE.

1858-1859.

A. J. Commun. Day Ottobers are					PAGE.
Aborted fevers, Dr. Stokes on		**	: *	39	3
Abortion, Dr. Barker's case of intractable diarrh	cea and	vomitinį	after	40	2.16
induced by the vapour of phosphorus				40	414
on the treatment of hemorrhage after			• •	411	240
Abscess, pelvic, on the introduction of an explori	ng needl	e in		40	74114
Abscesses, strumous, new mode of treating	• •			37	240
Absorption of pus in relation to practical surgery	•		• •	37	335
Acid sulphate of zinc paste				37	360
Acne, Mr. Startin's treatment of	• •			38	226
- schacea, use of chlohydric acid in	***			40	100
Aconite, Dr. Fleming on its effect on the system	•	• •		39	73
Acupuncture, Dr. Ward on			• •	38	358
Acute morbus Brightu and scarlatinal dropsy, ide	entity of	•	***	39	6
pain in chronic disease, treatment of				37	356
periostitis, Mr. Curling on				40	111
rheumatic ophthalmia: recovery under mo	rphia tro	atment		40	221
rheumatism, Dr. Gordon's treatment of				37	8
rheumatism, Dr. Hauschka's treatment of				37	8
Addison's disease, Dr. Wilks on	• •			40	85
disease, true nature of			***	38	140
Adhesive plaster, M. Colson's improved			***	38	395
Æsthesiometer, Dr Sieveking's				38	313
Agne. Dr. Easton on the effects of quina in the tr	eatment			39	27
Air-pessary, its use as a plug and dilator of the os	uteri			40	255
Albuminuria, Dr. Lees' case treated by iron				38	1:18
as a symptom of kidney disease, Dr	. Parkes	on		39	144
- coincidence of retinal apoplexy with				39	327
in diphtheria, Dr. Wade on				39	23
Alcoholic stimuli in snake-bites			• •	39	59
Alum and savin in the treatment of condylomata		••		39	303
Aluminium sutures, a cheap substitute for the silv	rer		***	38	210
Amaurosis depending on dental irritation				39	227
Amputation, Dr. Watson on Pirogoff's operation	,		• •	40	100
Mr. Bryant on the causes of death a	iter			39	176
Mr. Bryant on the causes of death a				38	159
at the ankle-joint, Progoff's operation				37	148
at the carno-metacarnal articulation	1			39	183
at the carpo-metacarpal articulation of the penis, Mr. Teale on	•			40	186
Anal fistula, Mr. Quinlan on the use of the ecrase	mr in			39	2.39
An esthesia, Dr. Detmold on the action of	,,,,	• • •	•	37	363
Ausstrictic, advantages of sulphuric ether as an			• •	40	405
Amesthetics Dr. Glover on		***	***	38	450
Ann mil lymphatica, Dr. Pavy's case of	••			40	75
	••	••	••	30	10
YoL. AL. HH					

Anasarca, albumuous treated by large doses of t	anniu			40	84
				38	172
Anchylosis of hip joint, treatment of Aneurism, Mr. Cusack's treatment by compression Mr. Teale's treatment by compression	n			40	410
Mr. Teale's treatment by compression	and man	pulation		39	206
Mr. Hart's case treated by flexion				40	118
Mr. Pemberton's case treated by flexi	on and co		J1	40	122
Mr. Shaw's case treated by flexion Mr West on the use of chloride of zince				40	120
Mr West on the use of chloride of zinc	in			37	178
		• •		39	327
Amm il charcoal an antidote to henbane, beliadoni				37	361
Ankle-joint, Mr. Croft on amputation at the	••			37	152
- Mr. Hancock on resection of the	··.			40	91
Mr. Hancock on resection of the Mr. Wells on Pirogoff's amputation at Authelmutic, Dr. Smith on santonine as an	the			37	148
Authelmutic, Dr. Smith on santonine as an		··.		39	128
Anthelmintics, relative value of the different				38	453
Anthrax, Mr. Collis on incisions in			::	40	188
Anti asthmatic eigareties, M. Dannecy's formula for	۱۳			37	352
Anns treatment of pruriginous papulous, and ec	zemotwie	ernntion		39	240
Aorta, p rmanent patency of, w th endocarditis	20mato as	CI III	3 04	37	57
Aortic and metral valves, Dr. Wilks on disease of	tha	••	•	38	350
Arsonic, Dr. Begbie on the therapeutical effects of		••	:	37	396
		••		37	346
Dr Black on its efficacy in cholera			• •	37	
			••		439
Amenical posoning ase of carbonate of iron in		••	• •	40	371
Arteres, employment of metallic ligatures arour		• •	• •	39	220
Articular cartilages, Mr. Bryant on the pathology	or	• •	• •	37	135
Artificial anus, Dr. Meier on the formation of	• •		••	4()	132
cuticle, collodion and castor oil as an	` .	*	• •	37	247
eyes, Mr Gray on the adaptation and	usc of	• •	• •	39	359
Incinbrana tympani, Mr. Ycaisiey's		• •	• •	38	262
pupil, Mr Critillett operation for	. • • .	• •	• •	37	439
enticle, collodion and castor oil as an eye, and foray on the adaptation and incontrata tympani, Mr. Yearsley's pupil, Mr. Critchett's method of operat pupil, Mr. Aragnot's operation for pupil, Mr. Aragnot's operation for resouration. Mr. Humphyr on a mode or	ing for	• •	• •	39	321
paper, M Tavignot's operation for				37	256
response of the state of the state of	of effecting	3		39	113
tympanum, Mr Yearsley on the				37	275
Ascarides, Dr Schultz on nitrate of silver in		• •		38	108
M. Competit's remedy for				41)	147
Assans lumbs cordes and vermical iris, value of I	tameela it	1		38	105
Ascitos, Dr. Paley on cases applicatly arising fro	ın acute p	peritoniti	8	4()	58
		ethod	•••	37	90
Ashmic promumons. Dr. Russell on				40	47
Asthma, 11r Salter on the dietatic treatment of		**	••	38	441
- Dr Salter on the pathology of		• •		38	51
				38	52
Dr. Salter on	• •			40	xviii
spasmodic remarkable effects of local i	nfluence (211		38	64
spas no ire, Dr Salter on effects of local	influen æs	011		37	89
Astragajus, Mr. Erichsen on the treatment of du	ease of th	ie.		40	98
Atropine drops ."				37	256
• •			•		
Bed sores, M. Leclere's treatment by tanuate of	Lond			20	90.0
m cases of paraplegia, Dr. Brown-Seq		••	••	39	
			.,	40	192
Heef tos, new mode of preparing Bellationna as an antilactescent	••	***	• •	38	395
archite forms on the fitter to receive			***	38	
- and optum the tapeutic relations to e	sacu orugi		••	38	
in incontractice of urine	• •	**	••	38	209
in involunciate of urine	• •	::	• •	37	381
The Aller of the state of the s	n.C 13.	* *	• •	37	440
its (flow) in arresting the secretion	or milk		••	38	288
- its use it ryspelas and carbuncle		• •	• •	38	228
The time many of the day of the terrory are the	1.	••	• •	4()	82
like broader of parish as an astronom Mr Llev	107		••	37	375

ma 11			West.	14 15
Bladder and prostate, on long standing disease of and uterus, reciprocal sympathy between	• •		-345	114
and userus, reciprocer sympactry between application of carbonic acid gas to interior of			37	31 4
same table on the year of hell stemme to			32	4:
to the commence on the off of a	• •		414	1004
piles, Prof. Simpson's mode of the cking hemory	hu a f	dr. 1 a.u	19	10
Blood, Dr. Richardson on the cause of the conquistion of	sterr C. 11	L13311	11	211
on the remark thle effects produced by adding she	rry mare	u to the	-115	11 1
Boils, Dr. Rigby on the local use of iodine in		10 617 1110	- 11	· 4+ 3
and carbuncles, Mr. Shillitoe's treatment of			37	373
Bones of the forearm, cases of necrosis of	•		417	11.1
Bourgeaurd's mushroom pessary	•		-153	4. 2
Brain, Mr Skey on tonic treatment in some diseases of the	a		37	117
Breast scirrhus of, removed by enucleation		•	,414	41
Bright's disease, Dr. Johnson on the forms and stages of			3()	141
discase, definition of		•	37	167
Bronchitis, M. Ghigha on the use of veratria in	4.	• •	40	37
use of todide of calcium in			34	2014
Bronzed skin, use of sugar in the dyscrasia attending			37	1.44
Broth and beef-ten, Dr. Hicks' mode of preparing .	,		-3/3	95
Burns and scalds, Mr. Swain on a new application for			.17	24 %
from gunpowder, treatment of		**	30	.517
treatment of contractions from		• •	411	113
Bursæ, enlarged, Mr. Coulson on		78.	37	3:7
# 1 11 - In-order commentation of				
Calculi, urinary composition of			38	11945
Calculus, how to remove from the arethra	٠.		*14	275
renal, Prof. Simpson's treatment of symptoms	produ	red by	JH	197
Calomel, test for adulteration of	••	••	.88	35.03
Campaigning in the hot season in India, Mr. Dempster)II		38	1,5131.5
Cancer, Dr Arnott on the painless extingation of .			37	17
Dr Collis on Prof. Syme on the treatment of	• •		36	4113
Mr. Wouthern on the nature and treatment of		• •	37	15
Mr. Southam on the nature and treatment of Mr. Weedon Cooke on the arrest of	**		37	13
N IN 127 33.	• •	• •	- 48	- 13
and tarbonala	* *	• •	8 .	406
epithe inl, near the right eye, Mr. Thompson's case	1 AF	• •	39	39
epithelial, of the prepuce spreading to the glans	. 01	•	3.	25.3
of the breast, Mr. Paget on average duration of li	fa in	* *	37 38	244
of the lin. Dr Buchanau on	10 112	•••	(A)	554
of the lip, Dr. Buchanan on of the tongue, Dr. Reddy's case of, removed by the	A PCTS	sour.	39	44)
of the tongue, disappearance of			37	(3)
treated by chloride of lime			38	11
Cancerous ulcers, use or chlorate of potash in			38	145
- ulceration close to the mner canthus, Dr. Mac	ckenzi	's case of	40	205
Cancroid tuberculosis, Mr. Bubb's case of		* *	39	41)
Carbonate of lead, its use in the treatment of phthisis			461	53
Carbonic acid as an anæsthetic. Dr. Ozanam on		***	343	341)
as a local anaesthetic, Prof Simpson on as a medicinal agent, M. Fordos on		**	38	3313
as a medicinal agent, M. Fordos on			38	2 5
gas, apparatus for the application of	4	• •	333	或(16)
gas, as a sedative in uterine diseases internal employment of in chronic dyspeps			40	310
internal employment of in chronic dyspeps	ia	***	39	147
Carbuncle, Dr. Gutzeit's treatment of		• •	39	HILL
- 1)r. Gutznet's treatment of			58	228
its treatment by incision			411	188
———— local use of belladonna in	• •	**	3973	224
of the chin, local use of iodine in use of pigmentum album in			34	220
use of pigmentum album in	* *	• •	40	1603
Carcinoma uteri, Prof. Simpson on the treatment of	• •	**	40	309
uter, on the diagnosis of		* *	44)	2713
Carcinomatous growth removed by escharotics	• •	•	28	14
Cartilages, articular, on the pathology of			37	135

Carametes, methrai Prof. Simpson on Cataracte. To Nevins on fallacies in the diagnosis of Cataract. To Nevins on fallacies in the diagnosis of Mr. France a improved method of extraction of Mr. Solo non on the reclination of extraction of by hinear mersion massociation with diabetes report of the Enterpool I ve and Ear Infirmary on Tataractors of the Diagnosis of Solomons Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of the Liverpool I ve and Ear Infirmary on Tataractors of Ear Infirmary on Tataractors of Ear Infirmary on Tataractors of Superical Infirmary on Tataractors of Sup		VOI	FAGE
Mr France s improved method of extraction of 40 246 Mr Solo non on the reclination of 57 120 Mr Solo non on the reclination of 59 120 extraction of by hener mersion 40 216 mr solo non on the reclination of 59 120 extraction of by hener mersion 40 215 m association with diabetes 59 317 Catarractous eye, compress r Mr Solomons 57 253 Catarractous eye, compress r Mr Solomons 57 257 Catarrabal ophthalium intract of silver dreps for 37 274 Catarrabal ophthalium intract of silver dreps for 37 274 Catarrabal ophthalium intract of silver dreps for 37 274 Catarrabal ophthalium intract of silver dreps for 57 253 Catheter enstachian Dr Hodgson 8 3.37 Catheter sisted alkalies their influence on henbane strain mum and beliadonns 37 361 Caustic alkalies their influence on henbane strain mum and beliadonns 37 361 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 38 363 Caustic alkalies their influence on henbane strain mum and beliadonns 38 37 363 Caustic alkalies their influence on henbane strain mum and beliadonns 38 363 Calletins policy Pri Sumpson on 40 424 Caustic Mr Salvetter influence on 40 244 Carriar of press in on the strain on 40 244 Carriar of press in on 40 24	(aruncles, urethral Prof Simpson on		
my Solo non on the rechnation of extraction of by hener inversion m association with diabetes report of the Literpool I ve and Sear II firmary on The second of the Literpool I ve and Sear II firmary on The second of the Literpool I ve and Sear II firmary on The second of the Literpool I ve and Sear II firmary on The second of the Literpool I ve and Sear II firmary on The second of the largest in the second of the second of second of the largest in the second of the largest in the second of the largest in croup Dr. Green on The largest in mercany of Bouchut on The second of the largest in croup Dr. Green on The largest in mercany of Bouchut on The second of the largest in croup Dr. Green on The largest in mercany of the largest in the second of the secon	Cataract Dr Nevins on fallacies in the diagnosis of		242
my Solo non on the rechnation of extraction of by hener inversion m association with diabetes report of the Literpool I ve and Sear II firmary on The second of the Literpool I ve and Sear II firmary on The second of the Literpool I ve and Sear II firmary on The second of the Literpool I ve and Sear II firmary on The second of the Literpool I ve and Sear II firmary on The second of the largest in the second of the second of second of the largest in the second of the largest in the second of the largest in croup Dr. Green on The largest in mercany of Bouchut on The second of the largest in croup Dr. Green on The largest in mercany of Bouchut on The second of the largest in croup Dr. Green on The largest in mercany of the largest in the second of the secon	Mr France's improved method of extraction		24 1
extraction of by hinear incision — in association with diabetes — report of the Liverpool I ve and Year II firm my on — report of the Liverpool I ve and Year II firm my on — report of the Liverpool I ve and Year II firm my on Gausterhal ophthalium mittate of silver dreps for Catheter enstachman Dr. Hodgson is Catheter on of the laryix in croup Dr. Green on — of the harvix in croup Dr. Green on — of the harvix in croup Dr. Green on — of the harvix in croup Dr. Green on — hint its its in the treatment of ulcers — pencil M. Brims new — caustical Railies, their midlance on hombane strain minum and belladonnas — hint its its in the treatment of ulcers — pencil M. Brims new — Say 366 — pencil M. Brims new — Caustics Mr. Bastick on the chemistry of Caustics of Prit Simpson on Certain oxidate	Mr reduce on it t use of forceps in extriction of		
m association with diabetes report of the Interpool I ve and Sar It firm my on 77 253 Catarrhal ophthalmin mitrate of silver dreps for 37 274 Catarrhal ophthalmin mitrate of silver dreps for 37 274 Catheter enstachman Dr Hodgson's 33 274 Catheter enstachman Dr Hodgson's 33 274 Catheters mot fith larry in croup Dr Green on 39 113 Catarleters mot fith larry in croup M Bouchut on 39 117 Caustic alkalies their influence on henbane strain mum and belladonnes 37 361 ————————————————————————————————————	extraction of hy brong moreon		
report of the Interpool I ve and Bar In firm my on			
Catarractous eye compress? An Solomons 37 227 Catheter entachman Dr Hodgson s 37 227 Catheter entachman Dr Hodgson s 37 227 Catheter entachman Dr Hodgson s 39 113 ———————————————————————————————————	report of the Lacerpool I se and War Is firm up on		
Catheter custachian Dri Hodgons s 3, 37, 37, 37, 37, 37, 37, 37, 37, 37,	Cataractons eve compresser Mr Solomon's		
Catheter sustachman Dr. Hodgson s Catheter sum of the larry xi in croup Dr. Green on ———————————————————————————————————			
Catheterism of the larynx in croup Dr Green on	Catheter eustachian Dr Hodgson's		
Caustic alkalis their mituence on henbane strain mum and beliadonna 37 361 — hat its use in the treatment of ulcers 39 366 — pencil M Bruns new 37 333 Caustics Mr Bastick in the chemistry of 37 332 Caustics Mr Bastick in the chemistry of 37 352 Cauterization of the larging in croup 37 352 Cauterization of the larging in croup 37 353 Cauterization of the larging in croup 37 355 Cellular is pay treatment of 37 357 Cellular is pay treatment of 39 39 Ceratic of opium its use in the treatment of carbinule 39 39 Ceratic of opium its use of superincal information of 40 241 Cervix ateri, treatingant of superincal information of 40 241 Cervix ateri, treatingant of superincal information of 40 251 — uter use of compressed sponge for dilating 40 359 Chancer of Ricerd on 39 278 — Mr H Thompse non 39 278 — Mr H Thompse non 39 278 — Mr H Thompse non 39 279 — Change of chimate in pithinsis 37 81 Channel characteristics of interaction and the urates 38 149 Chiliblains use of clobydrae acid and the urates 40 1390 Chilorate of potash Mr Croke on its use in cancerous ulcers 40 1390 Chilorate of potash in secretal salivation 40 1390 Chlorate of potash in secretal salivation 40 1390 — of p tash in secretal salivation 40 1390 — of p tash in mercurial salivation 40 1390 — of p tash in secretal salivation 40 1390 — of p tash in secretal salivation 40 1390 — of p tash is use in ulcerous stomatics 40 139 Chlorate of opiash Mr Croke on its use as a tome 40 139 Chlorate of opiash Mr Croke on its use as a tome 40 139 Chlorate of success and glyceriae in infantile ophthulma 40 139 Chlorate of success and glyceriae in infantile ophthulma 40 139 Chlorate of success and glyceriae in infantile ophthulma 40 139 Chlorate of success and glyceriae in infantile ophthulma 40 139 Chlorate of success and glyceriae in infantile ophthulma 40 139 Chlorate of success and glyceriae in infantile ophthulma 40 139 Chlo	Catheterism of the larvnx in croup Dr Green on		
Caustic alkalies their influence on henbane strain mum and belladonna 37 361 — hat its use in the treatment of ulcers 39 366 — pencil M Brun's new 37 362 Caustics Mr Bastick in the chemistry of 37 382 Caustics Mr Bastick in the chemistry of 37 382 Caustics Mr Bastick in the chemistry of 37 382 Caustics Mr Bastick in the chemistry of 37 382 Caustics Mr Bastick in the chemistry of 37 382 Caustics Mr Bastick in the chemistry of 37 382 Caustics Mr Bastick in the chemistry of 37 382 Caustics Mr Bastick in the chemistry of 37 382 Caustics Mr Bastick in the chemistry of 37 382 Cellulitis pelvic Pref Simpson on 49 261 Ceptus department of 38 383 Certait of opium its use in the treatment of carbundle 59 368 Certait of opium its use in the treatment of carbundle 59 368 Certait of opium its use in the treatment of carbundle 59 368 Certait of opium its use in the treatment of carbundle 59 368 Certait of opium its use in the treatment of carbundle 59 368 Certait of opium its use of a contract of a solution of the solution 59 369 Change of chimate in phthasis 57 81 Change of chimate in phthasis 57 81 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 58 149 Chimate it characteristics of uric acid and the urates 69 Chimate it characteristics of uric acid and the urates 69 Chimate it is used to the urates of uric acid and the urates 69 Chimate it characteristics of uric acid and the urates 69 Chimate it characteristics of urates 69 Chimate it characteristics of uric acid and the urates 69 Chimate it characteristics of uric acid and the	of the larvix in croup M Bouchut on		
— hind its use in the freatment of ulcers — pencil M Bruss new Caustics Mr Bastick on the chemistry of (autorization of the largus in eroup Caustics Mr Bastick on the chemistry of (autorization of the largus in eroup Cellular is pay treatment of Cephalalgia M Briquet on Cephalalgia M Briquet on Cerixi of opium its use in the treatment of carbinicle (crium oxisite of Prif Simpson on (a) (bancer in the critical information of (crium oxisite of Prif Simpson on (bancer in the critical information of (crium oxisite of Prif Simpson on (bancer in the critical information of (crium oxisite of Simpson on (bancer in the critical information of (crium oxisite of Simpson on (bancer in the critical information of (bancer in the critical information of (crium oxisite or in the critical information of (bancer in the critical information of (bance	Caustic alkalies their influence on honbane strain mum and belladonna	37	
Caustics Mr. Bastick on the chemistry of		30	
Callular ir pay treatment of Cellular is pay treatment of Cellular polytic Prit Sumpson on Gephalaigua M Briquet on Cephalaigua M Briquet on Ceptat of opinum its use on the treatment of carbuncle Ceratt of opinum its use on the treatment of carbuncle Ceratt of opinum is use on the treatment of carbuncle Ceratt ater, treatment of superincial inflummation of Ceratt ater, treatment of superincial inflummation of Ceratt ater, treatment of superincial inflummation of Ceratt of opinum its use on the treatment of carbuncle Ceratt of opinum its use of compressed sponge for dilating Chancer M Ricerd on Mr H J I Milton on Mr H Thompsen on Change of climate in philaisis Chance of climate in philaisis Chimic di characterisates of aric acid and the urates Chimic di characterisates of aric acid and the urates Chimic di characterisates of aric acid and the urates Chilorate of potash Mr Cooke on its use in cancerous ulcers Chilorate of potash in seroialous soirs of potash in mercural salivation of potash in weathing to the color of acid as a substitute of potash of potash Mr Weedon Cooke on its use as a tonic. of potash in the see in increase storic. of potash Mr Weedon Cooke on its use as a tonic. of potash in the see in increase storic. of potash of the see in the pattern of the see of potash of wida use of solution of after trachectomy in croup Read of potash Mr Weedon Cooke on its use as a tonic. of potash in the see in increase storic. Of potash in the see in increase storic. Of otad as a substitute for chlorate of potash of wida use of solution of after trachectomy in croup Read of potash Mr Weedon Cooke on its use as a tonic. Of otad as a substitute for chlorate of potash of wida use of solution of after trachectomy in croup Read of potash Mr Weedon Cooke on its use as a tonic. Of otad as a substitute for chlorate of potash All of the mercural adverses of the sect		37	353
Cellular ir pay treatment of Cellular is pay treatment of Cellular is police Prof. Simpson on 40 264 Cellular is police Prof. Simpson on 40 264 Cephalaigna. M. Briquot on 39 355 Cerate of opinm its use in the treatment of carbuncle 410 244 Cerium exaltate of Prof. Simpson on 40 244 Cerium exaltate of Prof. Simpson on 40 245 Cerium exaltate of Prof. Simpson on 40 246 Cerium exaltate of Prof. Simpson on 40 246 Cerium exaltate of Prof. Simpson on 39 276 Chance M. Rocard on 39 276 Mr. J. I. Milton on 39 276 Mr. J. Milton on 39 277 Mr. J. Milton on 40 140 Mr. J. Milton on 40 Mr. Milton on 40 Mr. J. Milton o			382
Gellulins polyic Prif Simpson on Gephalalgian M Briquet on Gephalalgian M Briquet on Gephalalgian M Briquet on Gerate of opinim its use in the treatment of carbunele 19 308 Cerium oxalate of Prif Simpson on 40 241 (cryix atem, treatingin of superincial influmination of 40 241 (cryix atem, treatingin of superincial influmination of 40 255 — utem use of Compressed sponge for dilating 40 366 Chancer M Ricerd on 19 278 — Mr H Thompson on 19 276 — Mr H Thompson on 19 277 — Mr H Thompson on 19 278 — Mr H Thompson			
Gephalaigia M Briqueton Cerate of opium is use on the treatment of carbancle 19 308 Cerium oxalate of Prof. Simpson on 40 241 Cervix aters, treatment of superincial inflammation of 40 305 — uters use of Compressed sponge for dilating 40 366 Channer M Ricerd on 40 377 — Mr. I. Milton on 40 395 Change of climate in plithisis 47 81 Change of climate in plithisis 47 81 Change of climate in plithisis 47 81 Chilbidians use of el lobyaric acid for 40 1190 Change of climate in plithisis 40 1190 Change of climate in plithisis 41 40 1190 Change of climate in plithisis 41 40 1190 Chilbidians use of el lobyaric acid for 42 1190 Chilbidians use of el lobyaric acid for 43 1190 Chilbidians use of el lobyaric acid for 44 1190 Chilbidians use of el lobyaric acid for 45 1190 Chilbidians use of el lobyaric acid for 46 1190 Chilbidian in use of petash Mr. Cooke on its use in cancerous ulcers 47 120 48 16 49 19 19 40 19 19 18 18 18 mercural salivation 49 19 16 40 19 18 18 18 mercural salivation 40 19 18 18 19 40 19 18 18 18 use in ulcerous stomatitis 40 19 19 18 18 18 use in ulcerous stomatitis 40 19 19 18 18 18 use in ulcerous stomatitis 40 19 19 18 18 use in ulcerous stomatitis 40 19 19 18 18 18 use in ulcerous stomatitis 40 19 19 18 18 18 use in ulcerous stomatitis 40 19 18 18 use in ulcerous stomatitis 41 18 18 18 18 18 18 18 18 18 18 18 18 18	Collinar ir psy treninent (1		
Ceriate of opium its use in the treatment of carbuncle (crium oxalate of Prif Simpson on (crium oxalate, treating of superincial inflammation of (d) 395 — uter use of Compressed sponge for dilating (d) 396 Arr I I Milton on (d) 397 — Mr H Thompson on (e) 278 Mr H Thompson on (f) 39 299 (hilblains use of of lobydric acid for (hilblains use of opitash in seroitalous sores (d) 190 (horate of potash in seroitalous sores (e) 191 (f) 193	Corbolana M Property		
Crimm oxalate of Prif Sumpson on			
Cervix aters, treatmant of superiscal information of uters are a Compressed sponge for dilating 40 866 Chancer M Ricard on 39 278 Mr J I Milton on 39 276 Mr H Thompson on 39 276 Change of climate in phthiss 37 81 Channel characteristics of aric acid and the urates 38 149 Chilblains use of clobyara, acid for 40 180 Chilblains in scrotalous soires 38 160 Chilblains in scrotalous soires 38 227 of petash in mercurial salivation 38 224 of petash in mercurial salivation 38 224 of petash lotton 720 of petash is use in dictrons stomatitis 40 60 of soida as a substitute for chlorate of potash 70 of soida as a substitute for chlorate of potash 70 Chlorate of zinc and glyceria in infantile ophthalma 38 247 Chlorate of zinc and glyceria in infantile ophthalma 38 247 Chlorate as a disinfectant extemporaneous preparation of 38 388 Chloroform, Dr. Kind on its use in hepatitis 40 71 M. Potter a cautions on the administration of 38 339 as a natcotic 38 330 as a natcotic 38 330 as a natcotic 39 330 its use in puriferal convisions 39 58 in a natural labour Dr. Righy on 39 271 its use in delirium tremens 39 339 its use in delirium tremens 39 339 Chlorates the of strych is in the treatment of 37 49 Choicas M. de Reals a new treatment of 37 49 Choicas M. de Reals a new treatment of 37 49 On the efficacy of arsenic in 40 49 On the efficacy of arsenic in 40 49 On the efficacy o			
The content is a content of the co			
Change of climate in plithins 39 278	uteri use (1 compressed sponge for dilating		
Mr J I Milton on 39 247 Mr H Thompsen on 39 292 Change of climate in phthiasis 37 81 Chemical characteristics of aric acid and the urates (hibbanis use of cl lobyaric acid for children (hibbanis use of cl lobyaric acid for children (hibbanis use) 39 16 A hlorate of potash Mr Cook on its use in cancerous ulcers 39 16 Of potash in security 37 224 Of petash in security 37 224 Of petash lotten 37 223 A figure of potash for Weedon (coke on its use as a tonic 38 324 Of petash lotten 38 30 324 Of petash lotten 39 30 30 30 30 30 30 30 30 30 30 30 30 30	Chancre M Ricerdon		
Change of climate in phthass 37 81 Chemical character rivies of aric acid and the arates 38 149 Chilblans as of el lobyaric acid for 40 1390 Chilbran acid in cataneous affections 41 1390 — of patash in secretal salivation 38 227 — of patash in secretal salivation 38 227 — of patash in secretal salivation 7 200 — of patash in secretal salivation 8 200 — of patash in secretal salivation 9 200 — of patash in secretal salivatio	Mr J I Milton on		
Change of climate in phthiase Change of climate in phthiase Chemic deharact results of aric acid and the urates Chemic deharact results of aric acid and the urates Childhous use of el lobydric acid for Childhous acid in cutaneous affections dhorate of potash in Cooke on its use in cancerous ulcers of potash in serotalous sores of potash in serotalous sores of potash in mercural salivation of potash in serotalous sores of potash in mercural salivation of potash in serotalous sores of potash in mercural salivation of potash in serotalous sores of potash in serotalous sores of potash in serotalous of eace in various diseases of potash in serotalous of potash in serotalous of eace in various diseases of potash in serotalous of eace in various diseases of potash in serotalous of eace in various diseases of potash in serotalous of eace in various diseases of potash in serotalous of eace in various diseases of potash in serotalous of its use a contact its of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for chlorate of potash of seda as a substitute for c	ar ii Thompsen on	39	
Chilphans use of el lobyarie, acid for thiobaries and in cutaneous affections (1) 130 thiorate of potash in seroialous sores 38 16 and of potash in seroialous sores 38 227 of potash in seroialous sores 49 of potash in seroialous sores 49 of potash in seroialous sores 49 of potash in seroialous control in seroialous sores 49 of potash in seroialous for sore in seroialous in seroialous and seroialous 40 of potash Mr Weedon (coke on 18 use as atome. 40 307 of potash Mr Weedon (coke on 18 use as atome. 40 307 of potash Mr Weedon (coke on 18 use as a tome. 40 307 of seda as a substitute for chlorate of potash 38 771 of seda as a substitute for chlorate of potash 38 771 of seda as a substitute for chlorate of potash 38 271 of seda as a substitute for chlorate of potash 39 271 of seda as a substitute for chlorate of potash 39 287 Chlorate as a district cate experimentation of 38 388 Chloroform, Dr Kaido on its use in hepatitis 40 71 of Mr Potter's cautions on the administration of 38 339 and actoric 38 as a nation. 39 39 58 on a latural labour Dr Richyon 39 58 on a latural labour Dr Richyon 39 58 on a latural labour Dr Richyon 39 39 308 Chlores use of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lature of strych is in the treatment (for some lat		37	
Chlorider and in cutaneous affections (hiorate of potash. Mr. Cooke on its use in cancerous ulcers ——of potash in seroialous sores ——of potash in mercurial salivation ——of potash is survey ——of potash lottom ——of potash is used in the remaining in its off cacy in various diseases 40—86 ——of potash is well in discrease stomatitis ——of potash is use in ulcerous stomatitis ——of potash is use in ulcerous stomatitis ——of seda as a substitute for chlorate of potash ——of seda as a substitute for chlorate of potash ——of seda as a of solution of affect trachcotomy in croup ——of seda as a of solution of affect trachcotomy in croup ——of seda as a disinfectant extemporaneous preparation of ——of the of zinc and glycerine in infantile ophthalma ——of the office set is for ——of the office set is for ——office of zinc and set is set in the paths ——office of zinc and continuous on the administration of ——office of zinc and continuous on the administration of ——office of zinc and defining tremens ——office of zinc and defining tremens ——office of set in the set of zinc and defining tremens ——office of set in the set of zinc and defining tremens ——office of set of zinc and defining tremens ——office of set of zinc and on ——office of a senie in ——office of a senie in ——office of a senie in ——office of a senie in ——office of a senie in ——office of a senie in ——office of a senie in —		38	149
thiorate of potash in scrotalous soies of potash in seroitalous soies of potash in seroitalous soies of potash in mercurial salivation of potash in secrety of potash in se		40	THE
Of pitash in serotalous sores			
Of p tash in mercural salivation			
- of 1 tash in scurvy - of pash lott in - of pash in the fire and in the case in regions diseases - of potash in which constraints - of pash in the season in the season in - of pash in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in the season in - of season in the season in - of season in the season in - of the season - of the seaso			
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of p tish Dr. Fountain on its effector in various diseases of potash. Mr. Weedon (coke on its use as a tonic do pt ish its use in ulcrous stomatitis do of p tish its use in ulcrous stomatitis do of sodia as a substitute for chlorate of potash do sodia as a substitute for chlorate of potash do sodia as a solution of after trachotomy in croup definition of side as a solution of after trachotomy in croup definition, by haid on its use in hep tites. The form of the trachotomy in croup, by haid on its use in hep tites. Definition, by haid on its use in hep tites. Definition do not use in her convisions. Definition do not use in her convisions. Definition do not use in the convisions. Definition do not use in her convisions. Definition do not use in her convisions. Definition do not use of her one definition do not use in her convisions. Definition do not use of harconic match of the convision do not use of harconic match of the convision do not use of harconic match of the convision do not use of harconic match of the convision do not use of harconic match of the convision do not use of harconic match of the convision do not use of harconic match of the convision do not use of harconic match of the convision do not use of harconic match of the convision do not use of harconic match of the convision of the c	of the tash left on		
Oi potash Mr Wedon Coke on its use as a tonic 40 307	- of p tigh Dr Fountain on its of eacy in various diseases		
of p tish its use in dictrous stomatitis of soda as a substitute in chlorate of potash of soda as a substitute in chlorate of potash of soda as a substitute in chlorate of potash of soda as a of solution of after trachcotomy in croup 18 93 Chlori le of zinc and glyceriae in infantile ophthalmia 38 947 Chlorine as a dissinfectant extemporaneous preparation of 38 388 Chloroform, Dr. Kind on its use in hepatitis 40 71 M. Berthe's tests for 40 370 M. Potter's cautions on the administration of 38 339 as a natcotic 38 339 as a natcotic 39 439 its use in defirium tremens 39 439 its use in preparation of Righy on 39 271 its use in defirium tremens 38 43 39 300 Chlores is use of strych in in the treatment of 37 49 Cholera M. de Rull's rich when theory of 39 42 on the efficacy of arsenic in 37 346 Chores Dr. A thison cu 37 549 and distribute the silvent of 39 43 49 49 The Rich on the efficacy of arsenic in 30 49 The contaction of a security of the contaction of the characteria of the contaction of the contac	of potash Mr Weeden (coke on its use as a tonic		
of soda as a substitute for chlorate of potash of soda as a foolution of after tracheotomy in croup of soda as a foolution of after tracheotomy in croup Chlorale of zinc and glycerine in infantile ophthulma 2	of p tash its use in ulcorous stomatitis		
Chlorie of zine and glycerine in infantile ophthalmia 38 247 Chlorie of zine and glycerine in infantile ophthalmia 38 247 Chlorien as a disinfectant extemporaneous preparation of 38 388 Chloroform, Dr. Kind on its use in hepatitis 40 71 — M. Berthe's texts for 40 370 — Mr. Potter's cautions on the administration of 38 339 — as a nation 38 339 — in de hirmin tremens 39 58 — in a fatural labour Dr. Righyon 38 271 — its use in delirium tremens 38 43 — its use in puericial convisions 38 36 30 Chlore is use of strychi is in the treatment of 37 49 Cholera M. de Re uls since M. rimetric theory of 37 340 Chorea Dr. A thison of 19 — on the efficacy of arsenic in 37 340 Chorea Dr. A thison of 19 — as dispateria Dr. Br. wis equited on 40 33 — in 19 canadisense of extensive texts of the control of 39 42 — as dispateria Dr. Br. wis equited on 40 33 — in 19 canadisense of extensive texts of the control of 39 49 — wis efficiency of arsenic in 37 39 — use of narcone in pectic is in 37 398 Chrone and the efficacy of arsenic in 37 398 Chrone and the efficiency of arsenic in 37 398 Chrone and the efficiency of arsenic in 37 398 Chrone and the efficiency is a single efficiency of a single efficiency in a managed for ty	of soda as a substitute for chlorate of potash		
Chlorine for zine and glyce frue in liniantic opintralina 38 247 Chlorine as a dissinfictant extemporaneous preparation of 38 388 Chloroform, Dr. Kind on its use in hepatitis 40 71	of weda use of solution of after tracheotomy in croup		
Chloroform, Dr. Kaud on its use in hep tities 40 71 — M. Berthe's tests for 40 370 — M. Potter's cautions on the administration of 38 339 — as a narcotic 38 339 — in deferming tremens 39 58 — in ratural labour Dr. Richy on 38 271 — its use in deferming termines 38 43 — its use in puritaral convulsions 39 300 Chlorest use of strych is in the treatment of 37 49 Cholers M. de Beuls's new her metric theory of 39 42 — on the efficacy of arsenic in 37 340 Chores Dr. A thison on 37 51 — Dr. Rich on the efficacy of arsenic in 37 49 — and hysteria. Dr. Br. we seem tetter in 37 49 — in the mattern of termine in 37 49 — in the mattern of termine in 37 49 — in the mattern of termine in 37 49 — in the mattern of termine in 37 49 — use of narcotic injections in 37 49 — dure as in a main and of crity 40 82	Chiefi is of zinc and give the in infantile opithalmia	38	247
— M Berthe stests for 370 370 370 381 381 382 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 383 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333 333	Chloring as a disinfectant extemporaneous preparation of		
Mi Potter's cautions on the administration of 38 339			
as a narcotic 38 339 58 339 58 339 58 339 58 339 58 340 341 341 342 342 343 343 343 343 343 343 343 343 343 343 343 343 343 343 343 343 343 343 343 343 344 344 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345 345			
1 de firman fremens 39 58	as a biggoing		
In ratural labour Dr. Righyon 38 271	u de brunn tre mens		
18 use in deferrant remains 38 43 36 36 37 38 37 38 38 38 38 39 39 39 39	- n ratural labour Dr Bichy on		
18 us in puritaral convulsions 38 30 30 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308 38 308	its use in delirium tronens		
Chlore 48 the of stlych is in the treatment of 37 49	its use in puer eral convulsions		
Chlore 48 the of stlych is in the treatment of 37 49	n de of testing		
Choice if the Bull's new in r metric theory of 39 42	Chloresis use of strych is in the treatment of		
Chorea Dr Allison to 37 51	Cholera W de Reulz ancwhar metric theory of	30	
Dr Rice on the efficacy of arsenic in 37 439	- on the electry of around in	37	
- aid dysteria. Br. Br. win Sequation	a noreal for Allison on	37	51
m remains of teven teven 19 79 19 19 19 19 19			
use of marcotic impactions in 39 49 49 49 49 49 49 49 49 49 49 49 49 49	and appreciate the per will require the one		
Chrome nice to Legiton action Dr. Marcit etreitment of 19 57 dure as in a main aged firty 40 82	The of Deposite there is a six		
Chronic alcelede a toxication Dr Marcelet restment of 19 57 dure as in a man aged forty 40 82			
districts in a man aged firty 40 82	Chronic aler to a toan ation Dr Marcet e treatment of		
while are added to the same of the training of	- different its a main aged forty		
	nflammation of the stomach Dr Hemme streatment of	39	120

Chroince catarrh, use of he die of calcium in Chroince for your of his Mr Pacet on the Cirrate of iron and styching in the Cirrate of iron and styching in the Cirrate of iron and styching in the Cirrate of the finger ends as a symptom of thoman diseased [4] 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.1	EA! D
Citract of iron and staychma' Cleat palent. Mir Heath's modification of by rouses as operate in fic. Clett palent. Mir Heath's modification of by rouses as operate in fic. Clett palent. Mir Heath's modification of by rouses as operate in fic. Clett palent. Mir Heath's modification of the rouses as operate in fic. Clind foot. Dr. Adams on the treatment of	Chronic catairli, use of a de of calcium in		
Cryank a methrytomo description of Celet palata Mr II tott is modification of between a soperaten for Clabbing, of the finger ends as a symptom of thomat disease Chib foot Dr. Adams on the treatment of			
Clebt palent: Mr He this modification of be reuses as operation for Clabbing, of the finger ends as a symptom of thomat disease Clabbing of the finger ends as a symptom of thomat disease Clabbing of the finger ends as a symptom of thomat disease Mr Latars on the treatment of Mr Datars on the treatment of Coagulation of the blood on the cause of the Coal tar dismitecting, towder of MM Corne and Demeaux Good and toil infinents Godilaigan M Briquet on Office its efficacy in the treatment of strangulated hornia Colid affusion its efficacy in the treatment of strangulated hornia Colid affusion its efficacy in marcotic poisoning Collod in and castor of las an application to burns and sealeds Tollod in and castor of las an application to burns and sealeds Tollod in and castor of las an application to forms and sealeds Tollod in and castor of las an application to forms and sealeds Tollod in and castor of las an application to forms and sealeds Tollod in and castor of las an application to forms and sealeds Tollod in and castor of las an application to form the use of Compressed spong. Dr Batchelder on the use of Compressed spong. Dr Batchelder on the use of Tollod in an externation of cancer us growths Conditions of the three tile phthasis Tollod in an externation of cancer us growths Conjunctive and Dixt us treatment of Tollod in an in the extripation of cancer us growths Conjunctive and Dixt us treatment of the consumption chrome use of the last of the consumption chrome use of sealenated hime in Consumption Dr Cetton on Tollod in an in the strainment of the consumption chrome use of sealenated hime in Consumption Dr Cetton on Tollod in a counter of the consumption of the consumption of the chrome of the consumption of th	Civiale's arethretome description of		
Club foot Dr. Adams on the treatment of	Cleft palate Mr. Heath's modification of bergusse as operation for		
Club foot. Dr. Adams on the treatment of	('Inbbin, of the finger ends as a symptom of thomas disease		
Mr Lizirs on the treatment of Coagulation of the blood on the cause of the Coagulation of the blood on the cause of the Coal tar disinfecting, powder of MM Corne and Demeaux 49 232 Cocoa nut oil minents 37 371 Callaigan M Braquet on 60ffee its efficacy in the treatment of strangulated hornia 57 1299—18 to see in asthma 60fd affusion its efficacy in narcotic poisoning 40 134 135 60fdod in and caster oil as an application to burns and scalds 77 243 60fdod in and caster oil as an application to burns and scalds 77 243 60fdod in and caster oil as an artificial cuttale 237 247 60mpressed sponge Dr Batchelder on the use of 49 199 60mittons of the thre it in phthisis 57 77 15 60midylomata, Mr Coulson is treatment of 59 365 60midtons of the thre it in phthisis 67 7 16 60midtons of the thre it in phthisis 67 7 17 60midtons of the thre it in phthisis 67 7 17 60midtons of the threat in phthisis 67 7 17 60midtons of the threat in secondary 18 199 199 199 199 199 199 199 199 199	Club foot Dr Adams on the treatment of	1.5	
Coagulation of the blood on the cause of the Coal tar disuntecting, lowder of MM Corne and Demeaux Goeon aut oil outments Golden is admissed, jowder of MM Corne and Demeaux Goeon aut oil outments Golfiee its efficacy in the treatment of strangulated hornia Golfiee its efficacy in the treatment of strangulated hornia Golfie its efficacy in the treatment of strangulated hornia Gold affusion its efficacy in narcotic poisoning His use in asthma Advisor oil as an application to burns and scalds Golden and castor oil as an artifical cutche Compressed sponge. Dr Batchelder on the use of Compressed sponge. Dr Batchelder on the use of Conditions of the threat in phthosis Gondylomata, Mr Colsons treatment of Songelation in the extrapation of cancer us growths Conjunctiva Mr Dixons treatment of discolouration of the Conjunctiva Mr Dixons treatment of discolouration of the Conjunctiva Mr Dixons treatment of discolouration of the Consumption Dr Cetton on In children, Dr. Jacobian Consumption Dr Cetton on Consumption Dr Cetton on Consumption Dr Cetton on the treatment of Consumption Dr Cetton on the treatment of Contracted points Mr Coote on the treatment of Contracted points Mr Coote on the treatment of Contraction from burn's Mr Coote on extension of Cornel fistula Mr Duxon's crase of Cornel fistula			養物性
Coal tar disunfacture, powder of MM. Corna and Dermeaux Choson ant oil nutmants: Calialgia M. Briquet on Office its efficacy in the treatment of strangulated hornia. Cold affusion its efficacy in narcotic poisoning His use in asthma Cold affusion its efficacy in narcotic poisoning Collodin and castor oil as an application to burns and scalds — and distor oil as an artificial cuttale Compressed sponge. Dr. Batchelder on the use of Conditions of the thrist in phthiss. Conditions of the thrist in phthiss. Condylomata, Mr. Coulson's treatment of Progelation in the extripation of cancer us growths Congulation in the extripation of cancer us growths Congulation in the extripation of cancer us growths Congulation in the extripation of cancer us growths Conjunctival infirmin ation lead but in for Constitution of the construction of the Constitution of the college			
Golean aut oil nutments Callalgas M Briquet on Coffee its efficac) in the treatment of strangulated hornis — its use in asthma — its use in asthma Cold affasion its efficacy in narcotic poisoning — its use in asthma — and estor oil as an application to burns and scalds — and estor oil as an application to burns and scalds — and estor oil as an artifical enticle Compressed spong. Dr. Batchelder on the use of Conditions of the threat in pitchisis Condylomatia, Mr. Coulson's truthent of Congelation in the extrepation of cancer us growths — use of chlohydra acid in Congelation in the extrepation of cancer us growths — use of chlohydra acid in Congelation in the extrepation of cancer us growths — use of chlohydra acid in Conjunctival influent into Iscald but in for Conjunctival influent into Iscald but in for Conjunctival influent into Iscald but in for Consumption Dr. Getton on — produced by working in a confined atmost by Consumption Dr. Getton on — produced by working in a confined atmost by Contraction from burn's Mr. Coote on extension of — know joint Mr. Coote on extension of — have joint Mr. Coote on extension of — know joint Mr. Coote on extension of — have joint Mr. Coote on extension of Gornal fistula Mr. Duxon serse of Gornal fistula M			
Cacilaiga M Bright on the treatment of strangulated hornis 17 199- — its use in asthma 17 199- — its use in asthma 17 199- — its use in asthma 17 199- — its use in asthma 18 19 199- — its use in asthma 18 19 199- — its use in asthma 18 19 199- Colida mand castor oil as an application to burns and scalds 18 19 190- Collodin and castor oil as an artificial cutable 18 19 190- Compressed sponge Dr Batchelder on the use of 19 190- Conditions of the threat in pithists 19 190- — use of chilolydric scal in 19 190- — use of chilolydric scal in 19 190- Conjunctival influent uses of scalcharded lime in 19 19 190- Conjunctival influent uses of scalcharded lime in 19 19 190- Consupation threat of scalcharded lime in 19 19 190- Consumption Dr Cetton on 19 19 190- Contracted joints Mr Coote on the treatment of 19 190- — produced by working in a confined atmost in consumption 19 19 190- — produced by working in a confined atmost in consumption 19 19 190- — produced by working in a confined atmost in consumption 19 19 190- Contracted joints Mr Coote on extension of 19 19 190- Contracted joints Mr Coote on extension of 19 19 190- Contracted by tineture of joint in 19 19 19 19 19 19 19 19 19 19 19 19 19	Cocoa nut oil antments		
Conde its efficacy in the treatment of strangulated hornia — its use in asthma Cold affusion its efficacy in narcotic poisoning Advisor of as an artificial entitle Compressed spoons. Dr Batchelder on the use of Conditions of the three tin phthisis Conditions of the three tin phthisis Conditions of the three tin phthisis Conditions on the extripation of cancer us growths Congulation in the extrement of the free in children, Dr. Jacobi in Consumption Dr. Cetton on — produced by working in a confined atmosphere Contracted points Mr. Cooker on the treatment of — produced by working in a confined atmosphere Knot joint Mr. Cooker on the treatment of — produced by working in a confined atmosphere Knot joint Mr. Cooker on extension of Contracted points Mr. Cooker on the treatment of — purperal, use of chlerotoria in Cornel ifstula Mr. Dixon's case of Cornel of Virus treatment of — purperal, use of chlerotoria in Cornel ifstula Mr. Dixon's case of Cornel of Virus treatment of — cured by uncture of iodine Cornel of Virus treatment of — treatment of — treatment of — treatment of — treatment of Cornel of the treatment of — treatment of — treatment of Pr. Wardleworth on turning in place of Croton oil as a counter-irritant in hydrocyphains — Dr. Luzansky on the treatment of — Dr. Mrsoax on the efficacy of sulphate of copper in — Mr. Bouchut on eathet trian of the laynx in — m. Mr. Mollin on the natu	Calialgia M Briquet on .		
is use in asthma Cold afficient yn narcoire poisoning 49 14 Collodi m and castor oil as an application to burns and scalds 77 243 — and castor oil as an artifical cutucle 37 247 Compressed sponge Dr Batchelder on the use of 49 290 Conditions of the threat in phthiss 57 77 Condylomata, Mr Culson's treatment of 59 265 Condylomata, Mr Culson's treatment of 59 265 Condylomata, Mr Culson's treatment of 59 265 Conglation in the extripation of cancer us growths 67 17 Congelation in the extripation of cancer us growths 67 17 Congelation in the extripation of cancer us growths 67 17 Congelation in the extripation of cancer us growths 67 17 Constipation clief in use of saccharate d line in 40 11 Consumption life Cetton on 37 24 Consumption life Cetton on 37 37 37 Contracted joints Mr Coote on the treatment of 38 364 — inception Mr Coote on the treatment of 38 364 — inception Mr Coote on extensis not 37 141 Contraction fr m burls Mr Coote on extensis not 37 141 Contraction fr m burls Mr Coote streatment of 40 111 Contraction fr m burls Mr Coote streatment of 40 111 Contraction fr m burls Mr Coote streatment of 40 202 Corns Dr Virus treatment of 40 203 Counter irritant D I Imm in on 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on turning in place of 40 204 Corns Dr Wardleworth on tur	Coffee its efficac; in the treatment of strangulated hernia		
Collock m and castor oil as an application to burns and scaleds — and castor oil as an artifical cutule Compressed spong. Dr. Batchelder on the use of Compressed spong. Dr. Batchelder on the use of Conditions of the threat in phthiss. Condylomata, Mr. Culson is treatment of Signal and the extripation of cancer us growths Congulation in the extripation of cancer us growths Conjunctival infraumation lead but in for Congulation with the extripation of cancer us growths Conjunctival infraumation lead but in for Conjunctival infraumation lead but in for Consupation chience use of saccharated hime in Consumption Dr. Cetton on ——produced by working in a confined atmost in reference of the formation o		419	
and ester cil as an artifical cuttale 27 247 Compressed spong. Dr. Batchelder on the use of 49 ph 600 Compressed spong. Dr. Batchelder on the use of 49 ph 600 Conditions of the thre it in phthiss. 37 7 Condylomata, Mr. Culson's treatment of 39 quarticles and the cit chololy dre and in 40 to 190 Congelation in the extripation of cancer us growths 47 for ongunotiva Mr. Dix us a teatment of discolouration of the 47 ph 600 Conjunctival infimum ation lead I stom for 37 2 to 400 Constipation clirene use of saccharated hime in 49 ph 600 Consumption Dr. Cetton on 49 ph 600 ——————————————————————————————————			
Compressed spong. Dr Batchelder on the use of Conditions of the thre it in phthsis. 17 77 Condylomata, Mr Culson's treatment of 19 935 10 19 19 19 19 19 19 19 19 19 19 19 19 19			
Conditions of the thre it in phthisis Condylomata, Mr. Coulson's treatment of			
Condylomata, Mr. Culson's treatment of			
Congulation in the extripation of cancer us rowths (a) ignetival Mr Dixen's treatment of discolouration of the (b) quantityal Mr Dixen's treatment of discolouration of the (c) quantityal Mr Dixen's treatment of discolouration of the (c) quantityal Mr Dixen's treatment of discolouration of the (c) quantityal Mr Dixen's treatment of (c) maintiful Mr Coote on the treatment of (c) maintiful Mr Coote on the treatment of (c) maintiful Mr Coote on the treatment of (c) maintiful Mr Coote on extensis not (c) maintiful Mr Coote on extensis not (c) maintiful Mr Coote on extensis not (c) maintiful Mr Dixen's case of (d) maintiful	Condylomata, Mr Coulson's treatment of		
Conglation in the extripation of cancer us growths on a continuity Mr Dix us tractment of the solouration of the on a continuity Mr Dix us tractment of the solouration of the on a continuity Mr Dix us tractment of the solouration of the one of the continuity Mr Continuity Mr Constitution of the me in in children, Dr. accolation on the dream of the me in one of the continuity Mr Contract of the me in consumption Dr Cetton on ——————————————————————————————————	usc (1 chion) dric acid in		
Constipation chitches use of saccharated line in 46 pt 10 consulpation chitches, Dr. vacobien 47 pt 10 consulpation chitches, Dr. vacobien 48 pt 10 consumption Dr Cetton on 47 pt 10 consumption Dr Cetton on 47 pt 10 consumption Dr Cetton on 48 pt 10 consumption Dr Cetton on 49 pt 10 contracted joints Mr. Coote on extension of 49 pt 11 convulsions maintable treated by earl mate of non 57 it 10 convulsions maintable treated by earl mate of non 58 pt 11 convulsions maintable treated by earl mate of non 58 pt 11 convulsions maintable treated by earl mate of non 59 pt 11 convulsions maintable treated by earl mate of non 50 pt 11 convulsions maintable treated by earl mate of non 50 pt 11 convulsions maintable treated by earl mate of non 50 pt 11 convulsions maintable treated by earl mate of non 50 pt 11 convulsions maintable treated by earl mate of non 50 pt 11 convulsions maintable treated by earl mate of non 50 pt 11 convulsions maintable treated by earl mate of 12 pt 12 convulsions maintable treated by earl mate of 12 pt 12 convulsions maintable treated by earl mate of 12 pt 12 convulsions maintable treated by earl mate of 12 pt 12 convulsions maintable treated by earl mate of 12 pt 12 convulsions maintable treated by earl mate of 12 pt 12 convulsions maintable treated by earl mate of 12 pt 12 convulsions maintable treated by earl mate of 12 pt 12 convulsions maintable treated by earl material treated			
Constipation clift int. use of saccharated lime in 49 11	conjunctiva Mr Dixens treatment of discolouration of the		440
Consumption Dr Actton on 47 417 417 Contracted joints Mr Coote on the treatment of 48 4164 Act Contracted joints Mr Coote on the treatment of 48 4164 Act Contracted joints Mr Coote on extense not 57 144 Contraction fr m burns Mr Coote on extense not 57 144 Contraction fr m burns Mr Coote straining of 40 117 Contraction fr m burns Mr Coote straining of 40 117 Contraction fr m burns Mr Coote straining of 40 117 Contraction fr m burns Mr Coote straining of 40 117 Contraction fr m burns Mr Coote straining of 40 117 Contraction fr m burns Mr Coote straining of 40 117 Contraction fr m burns Mr Cornel fistula Mr Dixon scase of 40 202 Cornel fistula Mr Dixon is caused and treatment 40 202 Cornel fistula Mr Dixon is caused and treatment 40 202 Cornel fistula Mr Dixon is caused and treatment 40 202 Counter irritat is Di Inmin on 40 202 Counter irritat in hydrocephaius 40 202 Counter irritat irritation 40 202 Counter irri			
Consumption IP Cetton on			
Contracted joints Mr Coote on the treatment of 18 36. 16. 16. 16. 16. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18			
Contracted joints Mr. Coote on the treatment of			18.1
Inc. joint Mt Coole on extension of 17 141			
Convulsions infantile treated by earl mate of non 58 44 58 68 68 68 68 68 68 68 68 68 68 68 68 68			
Description		441	21+
Cornel fistula Mr Dixon's case of 40 202	Convulsions intantic treated by earl mate of non		
Corns Dr Vir, a trainment of 99 998 Cornstructure of rodine 91 221 Cornstructure of rodine 91 222 Cornstructure of rodine 91 223 Counter irritant is Di Inmin on 38 372 Counter irritant is Di Inmin on 38 372 Counter irritant is Di Inmin on 39 363 ——————————————————————————————————			
Cornew coll do n in n evus 37 4.15			
Cornstre coll dn n n n evus Counter irritai ts Di Inmin on Coup do schel Dr. Beatson on its causes and treatment Coup do schel Dr. Beatson on its causes and treatment Coup do schel Dr. Beatson on its causes and treatment Coup do schel Dr. Beatson on its causes and treatment Coup do schel Dr. Beatson on its causes and treatment Coup do schel Dr. Simpson s report on, in India ———————————————————————————————————			
Counter irritaits Di Inmin on Coup de schol Dr. Beatson on its causes and treatment Out de schol Dr. Beatson on its causes and treatment Out de schol Dr. Beatson on its causes and treatment Out Mr. Martin on Out Martin on Out Martin on Out Wardleworth on turning in place of Out Wardleworth on the treatment of Out			
Dr Simpson's report on, in India			
Mr Martin on			
Cranotomy Dr Tyler Smith on the abolition of			
Crono oil as a counter-irritant in hydrocephains Crono Dr H Green is treatment of Dr Luzsinsky on the treatment of Dr Luzsinsky on the treatment of By 113 Dr Luzsinsky on the treatment of Dr Missoux on the efficacy of sulphate of copper in M Bouchut on catheterism of the laynax in M Iodin on the nature and treatment of Cull inged tonsils a protectio ragainst Cull inged tonsils a protectio ragainst Cuboul bone Mr I richsen on discases of the Cunculoria bones Mr I richsen on cares of the Curvature of the spine Mr Go the on Curvature of the spine Mr Go the on Cyanobis rom heart discass chlorate of potash in Cyanobis rom heart discass chlorate of potash in Cyanobis millian D Bryden's treatment of Cysts upon frontal bone, Mr Humbery on the growth of Dacryops or lacrymal cysts Mr Hulke on Death after amput ition on the causes of Deficutive assimilation in infants Dr Reuth on 40 57	Cronsstany Dr. Lyler Smith on the abelition of		
Crono oil as a counter-irritant in hydrocephains 40 % Cronp Dr H Green is treatment of 89 113 — Dr H Green is treatment of 89 91 — Dr Luzsinsky on the treatment of 89 91 — Dr Missoux on the efficacy of sulphate of copper in 91 117 — M Bouchut on catheterism of the laynax in 91 117 — M Iodin on the nature and treatment of 91 118 — cul urged tonsils a protectio ragainst 40 56 — use of solution of chlorate of soda after tracheotomy in 93 93 Cuboud bone Mr I richsen on das ascs of the 40 99 Cuncation abones Mr I richsen on cares of the 40 99 Curvature of the spine Mr Go ate on 97 167 Cutan ous effections use of chlohydric acid in 40 190 Cyanche milian in 18 Bryden's treatment of 97 91 Cyanche milian in 18 Bryden's treatment of 97 91 Cysts upon frontal bone, Mr Humphry on the growth of 39 209 Dacryops or lacrymal cysts Mr Hulke on 99 336 Defective assumilation in infants for Reuth on 40 57 Defective assumilation in infants for Reuth on 40 57	Dr Wardleworth on turning in place of		
Cronp Dr H Green streatment of	Croton oil as a counter-irritant in hydrocephains		
— Dr Missonx on the efficacy of sulphate of copper in M Bouchut on catheterism of the laryna in M Iodin on the nature and treatment of cul tract tonsils a protectio ragainst cul tract tonsils a protectio ragainst cul tract tonsils a protectio ragainst displayed tonsils a protectio ragainst culting to the sulface of soda after tracheotomy in Cuboud bone Mr I richsen on displayed to the d	Cropp Dr H Green streatment of		
- M Jodin on the nature and treatment of	Dr Luzsinsky on the treatment of	383	
- M Jodin on the nature and treatment of	- Dr Missoux on the efficacy of sulphate of copper in		
	M Bouchut on catheterism of the laryna in		
ac of solution of chlorate of soda after trachectomy in 38 93			
Cuboid bone Mr Inchesion of discases of the Cuncitoria bones Mr Inchesion of cares of the Curvature of the spine Mr Co ite on 37 167	use of solution of chlorate of soda after trachectory in		
Curvature of the spine. Mr. I richsen on caries of the Curvature of the spine. Mr. Co ite on 17 Cutan ous eff ctions use of chlohydric acid in 40 199 Cyanosis from heart disease chlorate of potashim 40 396 Cyanoche mulisina. Di. Bryden's treatment of 37 91 Cysts upon frontal bone, Mr. Humphry on the growth of 39 209 Dacryops or lacrymal cysts. Mr. Hulke on 99 236 Dacryops or lacrymal cysts. Mr. Hulke on 29 176 Deficitive assimilation in infants. Dr. Ruth on 40 57			
Cutan ous off ctions use of chlohydric acid in 40 190 Cyanosis from heart disease chlorate of potash in 40 396 Cynanche maligna Di Broden's teatment of 37 91 Cysts upon frontal bone, Mr. Humphry on the growth of 39 209 Dacryops or lacrymal cysts Mr. Hulke on 49 3.6 Death after amputation on the causes of 39 176 Defective assimilation in infants Dr. Reuth on 40 57	Cunciforia bones Mr I richsen on caries of the	40	
Cyanosis from heart disease chlorate of potashin 40 396 Cyanche mulama Di Bryden's treatment of 37 91 Cysts upon frontal bone, Mr Humphry on the growth of 39 269 Dacryops or lacrymal cysts Mr Hulke on 49 336 Death after amput tition on the causes of 39 176 Defective assimilation in infants Dr Reuth on 40 57		3.7	167
Cynanche multima Di Bryden's treatment of 37 91 Cysts upon frontal bone, Mr Humphry on the growth of 39 269 Dacryops or lacrymal cysts Mr Hulke on 89 236 Death after amput ition on the causes of 39 176 Defective assimilation in infants Dr Reuth on 40 57			
Cysts upon frontal bone, Mr. Humphry on the growth of 39 209 Dacryops or lacrymal cysts Mr. Hulke on 49 3.6 Death after amputation on the causes of 39 176 Defective assimilation in infants. Br. Reath on 40 57			
Dacryops or lacrymal cysts Mr Hulke on 19 336 Peath after amput ition on the causes of 29 176 Defective assimilation in infants Dr Reuth on 40 57			
Death after amputation on the causes of Sp 176 Defective assumilation in infants Dr Reuth on 40 37	Clara about trouser bouch are remining on the Broach of	1969	Zith
Defective assimilation in infants Dr Reuth on 40 37			
		-	

			vor.	PAGE,
Delirium tremens, Dr. Fraser on the use of chloroform in			315	43
tremens, Dr. Laycock on the treatment of			38	36
the second at a transfer of wathout the use of alcolul	• •	••	37	40
tremens use of cidoroform in	•		39	
Tout of the state of children in	• •	• •		58
	• •	• •	39	86
	***	• •	38	331
operations, modus operandi of electricity in			38	335
operations use of galvanism in			33	338
W12 2 . Tr. W1 112			37	122
		• •	38	114
			40	80
Ity (furface as to tweeted by see schools food		• •	37	
Dr. Coffee case treated by succharine food Dr Coffe on the saccharine treatment of Dr. Inman on the treatment of		• •		126
- Dr Corie on the saccharine treatment of .		••	38	119
Dr. Inman on the treatment of		**	38	136
Mr. France on cataract in association with .			39	317
			38	130
symptomatic, Dr. Becquerel on		-	37	132
Diabetic urine, glucometer for determining the amount of suga			37	132
	AL LIL	• •	37	
Diet, its influence in phthisis	•	•		82
Digestion of disease, Dr. Chambers on the use of pepsino in th)¢	• •	37	92
			40	319
of the female urethra, Mr. Wells on .		• •	38	2115
of the female urethra, use of compressed sponge	for		40	382
of stricture Mr Wode on the			40	169
of the os uters, observations on			38	282
Diarrhees and vomiting after aboution, intractable case of		• •	40	236
The behave the Delland and another the first and the first		••		
Diphtheria, Dr. Ballard on		• •	40	18
Dr. Bristowe on the treatment of	••		4()	7 17
Dr. Bryden on the treatment of Dr. Heslop on the treatment of			39	17
Dr. Heslop on the treatment of			38	81
Dr. Kingsford on the treatment of			38	441
Drs. Large k and Borers on the nethology of			39	10
Dr Parry on turnanting in	•		30	26
Dr. Kingsford on the treatment of Drs. Laycock and Rogers on the pathology of Dr. Perry on turpenting in Dr. Ramskill on local treatment in	•	• •	39	18
The Manuskill of local floating in	•	• •		
Dr. Wade on albuminura in Dr. Wilks on its connection with a parasitic fur Mr Bottomley on Mr. Cammack on the pathology, causes, and tre Vir. Jennings on the treatment of Mr. Lampden on the treatment of Mr. M Monald on Mr. M Monald on Mr. M Boneley treatment of		• •	39	23
ir. Wilks on its connection with a parasitic fur	igus	• •	38	89
Mr Bottomley on		• •	40	ย์
Mr. Cammack on the pathology, causes, and tre	eatment	of	39	23
- Vir. Jennings on the treatment of			40	13
- Wr. Lampden on the treatment of			39	16
Mr M'Donald on	•		39	14
Mr. M'Donald on	•	••	40	10
Mr. M. Donald on	•	• •		
M Roche's treatment of	•	• •	40	12
Mr. C. S. Smith on the treatment of		• •	40	9
Mr. T. H. Smith on	• •		40	14
31r i bothneon on the nothology and treatment	of		38	86
			39	20
Prarticalation of the seaming			39	181
		••	40	335
Discase, on the nature and cure of Discased bone use of the sponge tent in cases of	•		40	381
Disinfectant, extemposeneous preparation of chlorine as a	•	• •		
the state of the s	•	• •	38	388
Dislocation of the first plulanx of the thumb	•		40	190
		• •	38	183
of the thumb cause of the difficulty in reducing		• •	39	174
Distribled bladder, Sir B Brodle on the relief of			40	180
Figure 1 and the state of the s			38	253
		• •	40	379
Diuri as, chronic, Dr. Willshire's treatment by helledonna			40	82
Diversent strabismus, Mr Critchett's cases of			38	261
Proper regal associated with purulent scherent in the urin		•••	39	143
Drowerd D. Con and benefit with purposed we should be the tree	W.	• •		
Drowned De Cornsonk on the me smant of the			37	427
Drowning Ile Silvester method of a storation from	**	• •	38	404
National Life Boat Institution's directions for res	teration	from	38	403
Dysentery, it Ward n			37	97
Mr Docker on the use of its encuanha in .			38	100

by an norther, treatment of			101	1400.
- utcine, Prof Snapson on	•		37	377
ovarin, Pref. Suppon on	• •	* *	. 16	41.5
			39	421
Dyspep sa, and chronic gastritis, Dr. Fleming's treatme	nt et	* *	39	1.20
atonic, use of citr its of iron an latrychnia in internal use of carbonic acid water in		**	3 ***	34.
internal use of carbonic acid water in			1,59	127
- obstinate, use of saccharated lime in			40	305
				1.00
Ear, Dr. Archibald on removal of foreign bodies from			40	231
Ecrascur, its use in hemorrhoids and prolapsus am			44)	134
Eczema, acute, Mr. Startin's treatment of			38	223
of the scalp and face in children	• •		34	426
of the face in children, Dr. Behrend's applicati	ear fear	**	37	247
use of pigmentum album in				
Elliow-joint, excision of, use of Heath's new splint in	**	, .	411	187
ru de de la carron l'aparettone l'a Marchalla se e			37	137
Electricity in surgical operations, Mr. Marshall's use o	ī	• •	38	3.37
its use in the treatment of neuralgia	***		36	22
and local anasthesia in dental operations	***	* 4	333	3.11
Elimination Di. Jones on the theory of in the treatment	at of discase	***	331	3434
Endocarditis with permanent patency of the aorta			37	57
Enlarged burs e, Mr. Coulson on the treatment of			37	1177
joints, use of compressed sponge in			40	348
prostate, on hthotritic instruments in cases of			167	216
			37	
	• •	• •		219
		• •	4()	56
Entropion, Mr. Streathold's treatment of	***	***	34	249
application of fracture of todine in			(in)	2.3 \$
Fpigastralgia, M. Linquet on			:35)	143
Epilepsy, Dr. Barnes on the use of phosphate of zinc in			37	14
Dr. Brown, Statisted on		* *	39	59
Dr. Brown-Sequard on	••		40	32
Dr. Sieveking on the treatment of		• •	37	445
Foiphora Mr. Critchett on slittin up the upper punc	tum in		39	341
Mr. Solomon on Bowman's operation for			59	
Taletagie for Rorker on teneture of her con m			37	62
Fpistaxis, for Barker on tineture of benzom in	••			
Epithelioma, Dr. Collison	***		38	41.3
of the prepuce, Mr. Enchsen on .	**		37	222
Erysupelas, Mr Bird on	• •	• •	37	231
Mr. Bud on the treatment of			38	428
Mr. Freer on the use of pigmentum album	in .		40	187
i lapathic, on the treatment of			37	322
in the limbs, Mr M Henry's treatment of			339	306
local use of belladonua in	••		38	228
bther and chloroform, Dr. Hayward on			411	405
test for the adulteration of			30	
	•••	•••	39	
			40	91
Exersion of the ankle-joint, Mr. Hancock on	••	• •	39	
	••			
of the elbow-joint, Prof. Fergusson's cases of	• •	* *	37	137
of the entire un qual phalanx	**	• •	38	
of the cychall, Mr. Dixon's method of			38	
- of the knee joint, Mr. Butcher's case of	••		39	158
of the knee-joint, Mr. Humphry on	***		39	156
of the knee joint, Mr. Solly on		• •	39	149
of the know purt important noint in after may			37	147
of the os calcis, Mr. Erichsen's new method	**	"	37	153
Exerctions Dr Inman on the influence of vitality upo			40	361
	***	***	37	356
Expectoration of phthisis	Cahn "	* *		
Eye, Dr. Hildige on the opthalmoscopic appearance of	r fite	* *	39	
- application of sugar for lime in the		* *	38	
- influence of the sympathetic nerve and spinal cor	d 014		38	
viner a lotion to remove hime from the			37	274
kyeball Dr. Bader on the incision of the		* *	39	315

						VOL	PAGE.
Eveball Ma	Dixon's method of excisin	g	• •		***	38	240
	mpathetic inflammation of t		•••	***		38	237
Evelid, Mr.	. Bowman's operation for re	etoration o	f			39	350
Ryes artific	cial, remarks on the adaptat	ion and us	se of	•••		39	359
21300, 41 6111	cial, icinatas on the adaption	1011 101101 111		•••	•••		(A)D
						25.4	
	n the diagnosis of cataract		•••	••	••	38	242
	neration of the heart, Dr. W	eber on	• •	• •	***	38	371
Febrifuge,	M. Barbaste on iodine as a		••	• •	••	38	6
Pever, Dr.	Addison on the duality of it	s source				4()	1
	Chambers on the treatment					37	1
Dr	C. H Joneson		•••		••	:8	2
abo	rted Dr. Stokes on				••	39	3
per	iodic and cruptive, Dr Brown	n on				37	4
	umatic, on the treatment of					40	25
	gical, on the use of veratrun	viride in	••			40	115
	hold, treated with alcoholie s					37	2
	hold, use of quinine in	CHILD CALLED TO .	•		••	37	4
Ellhutotra tur	mour of the uterus, Dr. Sloa	no on roma	wal of	••	::	37	291
Elurous ou	in Observe on managing of the	a haada af	thanbal	angag of		38	179
Fingers, &	Ir. Chance on resection of th					39	
	dle, Ferguson's improved	••	***	• •	••		226
	the anus, treatment of			••	••	40	136
	ial, use of the ecraseur in the		101	••	••	39	239
	rneal, treatment of .		,	• •	••	40	202
211	and, Dr. Mackinder's cases	treated by	ligature		••	39	237
[1]	ano treated by division of th	ie sphincle	r	• •	***	40	
1r	and treated by injection of it	xine	••	• •	••	40	137
in	ano, use of a compressed sp	onge tent 1	n	• •	• •	40	381
111	vulva Prof Simpson's treat	inent of		• • •	• •	39	
	crymalis, Mr. Hulke on crymalis, treatment of	••	••	• •	••	39	
la	crymalis, treatment of	••			• •	39	
m U	rethro vagmal, cured by a sil	ver wire st	uture	• •	•••	38	
Ye	esico vaginal, Prof Simpson	on the tree	atment o	f		39	396
V(suo vaginal, Dr. Bozeman s	operation	for			40	271
Flat foot,	Mr. Tamplin's treatment of	• • •				38	185
Flatulenc	e, Dr Inman on	••		•••		39	
	id, Mr. Humphry on its pass	age throng	h the pe	lvis	• •	39	
Force ps. o	on the use of mextraction of	cataract	E	•••	***	40	
	necrosis of the bones of					37	
	ody, removal of from the tra			••	***	39	
	odies in the traches. Mr. Adi			v for		38	
Fracture	of the neck of the thigh-bone		checoni,			39	
	of the patella, use of the star		ı in	•••		38	
					••		
Frantel b	Mr Swain on the use of pla	mer of Em	118 111	•••	• •	37	
w restricted to	one, on the growth of cysts u	pon me	•••	••	***	39	200
Gallic ac	d, employment of in fungous	hamstade	e	••		38	359
Galvanien	n Dr Renak on the therape	ntront setie	n of		••	37	
*NAME & COLLECTION	We then there on the them	unca acuo	ffooto of	• •	• •		
	- Mr Grantham on the ther	apennem e	Heces 01		••	37	
	- Mr Hearder on its use in	uentai sur	gery	•••	***	38	
	- in incontinence of urine		• •	• •	• •	37	
	— in obstetric practice, Dr. M	lackenzie c	n	• •	• •	37	
Opposite the same	- use of in torpid ulcers		••	* 2	• •	38	
Gangrene	, MM. Corne and Demeaux'	s disinfects	int powd	er for	• •	40	
	threatened, prevention of					37	239
111 1001 00 100 100	al anomentalization is a					37	355
Gastrotur	ny removal of fibrous tumou	r of the ute	erus			37	291
Giamis, I	importe, on some affections	of the			• •	37	
Clandula	r disease of the neck. Mr St	artin's tres	tment of	•		38	
filments.	6. Mr. Critchett on the frenti	nent of				37	
State or state of	- Mr Hugak's mwopera	tion for		_		41	
others are the sale	- Mr Harke on the sympto	us, diamo	sis, and t	reatme	nt of	40	
game-deplements	Crasic of Fiften for		- 7			35	

Glaucoma, Mi J W Hulke on				VOI	PANE.
Mr. Middlemore on the treatment of	••	• •		37	207
Gleet, Dr. Caby on the use of bismuth in	••	•		37	413
Glonoine, Drs. Fuller and Harley's experiments w	rith	••	**	39	343
- Mr Field on Drs. Fuller and Harlow's o	v navima	nts with		37	418
mr. Fleid on the toxical and medicinal	menunuti.	en of		37	423
triycogenesis, or the formation of sugar. Dr. Slos	me on			37 38	415
Glycerine, as a substitute for one and fats in ointi	nents		• • • •	37	123 350
Goitre, Dr. Mouat on the treatment of			.'	37	364
Gonorrhea, Prof. Sigmund on injections in	***			38	451
Mr. Milton on the pathology of	***		***	38	219
Gonorrhoal rheumatism, M. Hervieux on	• •	**		38	11
Gout, Dr. Garrod's researches on and neuralgic affections, connection of	***	***		38	7
and rheumatic dysmenorrhosa, treatment		**	***	39	31
Create's anaretion for deligares	OI			39	422
Granular orbitalmia Mr. Humphry on application				37	272
Granular ophthalmia, Mr. Humphry on application ophthalmia, Mr. Wharton Jones on the Gunnowder huma Prof. Busch's treatment of the Composed of	uon or go	norrhoes	il matter	in 39	351
Gunpowder burns, Prof. Busch's treatment of du	e treatm	ent or			358
Gutta percha moulded splints in diseased hip-joir	to tours	te to non	in from	39	307
a near beautiful and all the distance with-loss	1 CB	* *	**	39	164
W and water Three Programmers on					
Hæmoptysis, Prof Trousseau on	••		27,	37	F14
Hand, Mr. Rudall on amputation of the	• •	••		39	183
and fingers, Mr. Solly on injuries of the	***	444	***	354	185
Hands, on the treatment of some cases of injury of	the			37	147
Hare-lip, Dr. Duke's new operation for	**	•		37	184
Mr. Walton's treatment of	• •		***	38	230
Headache, Dr. Symonds on				37	41
nervous, Dr. Symonds on the treatment	10			37	388
Head-presentations, Mr Humphry on the cause o	I the fre	quency o	ď	39	374
Hearing, Dr. Moorhead on the physiology of Heart disease, Dr. Barlow on the diagnosis and to				39	361
an fatty decongration of the	catmen	1 01	**	40	43
Heat-apoplexy, pathology, treatment, and preven	tion of	••		38	.371
Hamaturia usa of ura uvai in	tion or	•	***	39	80
Hemicrania, Dr Jung's new remedy for	••	•	* *	38	271
Hemiplegia dependent on atrophic softening, Dr. T.	odd on	• •	•	37	363
Hemorrhage after abortion, Mr. Jones's case of	oud the	•	* *	37	21
from the superficial palmar arch	••	* *	**	40	240
internal, Dr. Warren's styptic in	••	•	**	40	126
pulmonary, Dr. Alderson on	•••	•	•	40 37	127
uterine, Mr. Gabb on opium in		• •	**	37	413
uterine, Mr. Higginbottom's treatmen	t of	• • • • • • • • • • • • • • • • • • • •	• •	37	285
uterine, Mr. Stafford on galvanism in			•	37	283
uterine, in malignant diseases, to arr	est			40	286 315
uterine, on opium in			4.	37	376
uterme, on some points in the treatm	ent of		***	38	
uterine, on the use of alcoholic stimu	lants in			38	277 276
Hemorrhoids, Mr. Davies on the use of the ecrase	ur m			40	134
- Mr. H. Smith on the treatment of				40	134
internal, Mr. Smith on the use of nit	ric acid	in.		37	200
mode of checking hemorrhage from use of the sponge-tent for compress	ì	••		40	xvi
use of the sponge-tent for compress	ion of			40	362
Hepatine, Dr. Pavy on	••	**		38	112
Hepatitis treated by chloroform	••			40	71
Hernia, Mr. Davies on the radical cure of	**			39	233
bir. Davies improved instrument for the	radical	cure of		40	128
Mr. Lister on the radical cure of		***		39	233
Mr Wood's operation for radical cure of	••	• •		40	130
inguinal, Mr Coote on the radical cure of	:			37	196
inguinal, Mr. Jones on the radical cure of		***	***	30	229
inguinal, Mr. Wells on Wutzer's operation		• •		37	188
inguinal, Mr. Wood's new operation for	* *	•	* *	38	191
VOL. XL.					

Hernia inquinal, on the radical cure of streament of use of tobacco chemas in cases of use of tobacco chemas in cases of the joint, Mr. Braditurits' treatment of partial anchylosis of 36 Hip joint, diseased, use of gutta percha splints in 39 Hoffmann's anodyne, test for 38 Hoffmann's comparison of the principles of 40 Hoffmann's anodyne, test for 39 Hydrarthrosis of the knee joint, Dr. Macdonnell on injection of todine in 37 Hydroclep. Prof. Simpson streatment by metallic sections 39 Hydrarthrosis of the knee joint, Dr. Macdonnell on injection of todine in 37 Hydroclephalus, Mr. Phillips on elastic pressure in 39 Hydrocephalus, Mr. Phillips on the neuralga 39 Hyperasthesia, hysterical muscular, M. Briquet on 39 Hydrocephalus, Mr. Hunter on the mode of employing 40 Hydrocephalus, Mr. Hunter on the 30 Hydrocephalus, Dr. Carson on bodie of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydrocephalus, Dr. Carson on odde of petassum in 40 Hydroc				VOL	PAGE.
strangulated, etheracy of coffee in the treatment of use of tobacc or commas in cases of Hip joint, Mr. Brodhurst's treatment of partial anchylosis of Hip joint, Mr. Brodhurst's treatment of partial anchylosis of Hip joint, diseased, use of quitta percha splints in Hoffmann's anodyne, test for """ Hoffmann's anodyne, test for """ Hoffmann's anodyne, test for """ Hoffmann's anodyne, test for """ Hoffmann's anodyne, test for """ Hoffmann's sidese and its "provings" """ Hydrarthrosis of the kine joint, Dr. Macdonnell on injection of iodine in Hydrocele, Prof. Simpson streatment by metalite setons """ Hydrarthrosis of the kine joint, Dr. Macdonnell on injection of iodine in Hydrocele, Prof. Simpson streatment by metalite setons """ Hydrarthrosis of the kine joint, Dr. Macdonnell on injection of iodine in Hydrocele, Prof. Simpson streatment of Hydrocele, Prof. Simpson streatment of """ Hydrocele, Prof. Simpson streatment of Hydrocele, Prof. Simpson streatment of Hydrocele, Prof. Simpson streatment of Hydrocele, Dr. Philipson of instance in several in Hydrocele, Dr. Philipson of instance in several instance in the Hydrocele, Mr. Philipson of instance in several instance in the Hydrocele, Mr. Philipson of instance in the several injection, Mr. Hunter on the mode of employing """ Hydrocele, Mr. Pollock on the use of silver wires in Hydrocele, Mr. Pollock on the use of silver wires in Hydrocele, Mr. Pollock on the use of silver wires in Hydrocele, Mr. Pollock on the use of stream in Hystens, M. Braquet on the predisposition to """ Hystens, M. Braquet on the predisposition to """ """ Hystens, M. Braquet on the predisposition to """ """ """ """ Hysterical affections of the joints, Mr. Barwell on """ """ """ Idiopathic erysipelas, Dr. Hall on Hysterical affections of the joints, Mr. Barwell on """ """ Idiopathic erysipelas, Dr. Hall on Hysterical affections of the joints, Mr. Skey on """ Idiopathic erysipelas, Dr. Hall on Hysterical affections of the joints, Mr. Adams on Hoffertin maxilla, on luxation of the """ "	Hernia inguinal, on the radical cure of				230
use of tobacco enemas in cases of Hip joint, Mr Brodhurst's treatment of partial anchylosis of Bip joints, diseased, use of gutta percha splints in 38 In Johns, diseased, use of gutta percha splints in 39 In Hoffmann's anodyne, test for 38 In Hoffmann's anodyne, test for 39 In Hoffmann's anodyne, test for 30 In Hoffmann's anodyne, test for 30 In Hoffmann's anodyne, test for 30 In Hoffmann's anodyne, test for 31 Its doses and its "provings" 32 In Hydrarthrosis of the knee joint, Dr. Macdonnell on injection of iodine in 39 In Hydrarthrosis of the knee joint, Dr. Macdonnell on injection of iodine in 30 In Hydrocele, Prof. Simpson streatment by metallic setons 30 In Young's treatment by joint injections 31 In Hydrocele, Prof. Simpson streatment by iodine injections 32 In Hydrocele, Prof. Simpson streatment of 39 In Hydrocele, In Hydr					
Hip joint, Mr. Brodhurst's treatment of partial anchylosis of Bip joints, diseased, use of gutta percha splints in 38 Homeopathy, Prof. Simpson's remarks on 38 3 Homeopathy, Prof. Simpson's remarks on 39 18 doses and its "provings" 39 4 Hydrarthrosis of the kine joint, Dr. Macdonnell on injection of iodine in 18 Hydroclored, Prof. Simpson streatment by metallic setons 39 2 Mr. Curing's treatment by metallic setons 39 2 Mr. Curing's treatment of 39 2 Hydroclorate of amutona, its use in neuralgia 38 Hydroclorate of amutona, its use in neuralgia 38 Hydroclorate of amutona, its use in neuralgia 38 Hyperresthesia, hysts rical muscular, M. Briquet on 39 Hypodernic injection, Dr. Skinner's syringe for 40 Mryoclored, Mr. Hunter on the mode of employing 40 treatment of diseases, Mr. Hunter on the 30 Hydroclorate of adulting the set of the set o					199
Inp jonts, diseased, use of gutta percha splints in Hofimann's anodyne, test for Hofimann's anodyne, test for Hofimann's anodyne, Prof. Simpson's remarks on Mr. Brathwate's examination of the principles of Its doses and its "provings" Hydrarthrosis of the knee joint, Dr. Macdonnell on injection of iodine in Hydrocele, Prof. Simpson's streatment by metallic sectors Mr. Curing's treatment by joidine injections Mr. Young's new treatment of Hydrocelphalus, Mr. Phillips on elastic pressure in Hydrocelphalus, Mr. Phillips on elastic pressure in Hydroceliorate of aminoma, its use in neuralgia Hypersethesis, hyst read muscular, M. Briquet on Hyporesthesis, hyst read of diseases, Mr. Hunter on the ———————————————————————————————————		•••	• •	38	319
Inp joints, diseased, use of gutta percha spinits in Hoffmann's anodyne, test for	Hip joint, Mr Brodingst's treatment of partial anchylosis of	Í		38	172
Hoffmann's anodyne, test for Homeopathy, Prof. Simpson's remarks on Mr. Branthwantes examination of the principles of Mr. Branthwantes examination of the principles of Its doses and its "provings" Hydrarthross of the kine joint, Dr. Macdonnell on injection of iodine in Hydrocele, Prof. Simpson streatment by metallic setons Mr. Curing's treatment by nodine injections Mr. Curing's treatment by produce injections Mr. Young's new treatment of Hydrocelidurate of aminoma, its use in neuralgia Mr. Hydrocelidurate of aminoma, its use in neuralgia Myperesthesia, hysts rical muscular, M. Briquet on Hypodernic injection, Dr. Skinner's syringe for injection, Mr. Hunter on the mode of employing treatment of diseases, Mr. Hunter on the Treatment of diseases, Mr. Hunter on the Hydrocele, Mr. Pollock on the use of silver wires in Hydrocele, Mr. Pollock on the use of silver wires in Hysteria, M. Briquet on the predisposition to The unsuccessful results of tapping in Hysteria, M. Briquet on the predisposition to Mr. Branther of the promiss, Mr. Barwell on Affections of the joints, Mr. Barwell on Affections of the joints, Mr. Barwell on Affections of the joints, Mr. Barwell on Mr. Hunter on the season in Incasions into the knee joint, Mr. Adams on Incontinence of urine, use of palvanism in Affections, Dr. Laurence on carbonate of Iron in Mr. Hoffshilm, remarks on a case of Infants, Dr. Routh on the treatment of Mr. Honey in the her adical cure of Normaliality, remarks on a case of Infants, Dr. Routh on the reatment of De nail, treatment of The mammary pain. Dr. Coote on Naporformer and the prevalence on carbonate of Iron in Mr. Honey in the prevalence on carbonate of Iron in Mr. Honey in the prevalence on carbonate of Ingunal herma, on the readical cure of New operation for radical cure of New operation for radical cure of New operation for radical cure of New opera	Hip joints, diseased, use of gutta percha splints in			39	164
Homeopathy, Prof. Simpson's remarks on					
Mr. Brathwatte's examination of the principles of 1st doves and its "provings" and the troop of the kines joint, Dr. Macdomell on injection of iodine in 17 1 Hydrocele, Prof. Simpson streatment by metallic setons 39 2 Mr Young's new treatment by metallic setons 39 2 Hydrocephalus, Mr. Phillips on clastic pressure in 37 1 Hydroceliorate of ammonia, its use in neuralgia 38 Hyperestican, hyst rical muscular, M. Briquet on 39 Hyperestican, hyst rical muscular, M. Briquet on 40 1 Injection, Mr. Hunter on the mode of employing 40 1 Injection, Mr. Hunter on the 40 3 1 Injection, Mr. Hunter on the 40 3 1 Injection, Mr. Hunter on the 40 3 1 Injection, Mr. Britan of diseases, Mr. Hunter on the 40 3 1 Injection, Mr. Britan of diseases, Mr. Hunter on the 40 3 1 Injection, Mr. Britan of diseases, Mr. Hunter on the 40 3 Injection, Mr. Britan of diseases, Mr. Hunter on the 40 3 Injection, Mr. Britan of diseases, Mr. Hunter on the 40 3 Injection, Mr. Britan of State of Stat	Hammonthy Prof Simpson's remarks on				397
Hydrarthross of the knee jount, Dr. Macdonnell on injection of iodine in 37 I Hydracele, Prof. Simpson stratment by metallic setons 39 2 Mr. Curing's treatment by iodine injections 39 2 Mr. Curing's treatment of 39 2 Mydracephalus, Mr. Phillips on clastic pressure in 37 3 Hydracelotate of ammona, its use in neuralga 38 Hyperæsthesia, hyst rical muscular, M. Briquet on 39 Hydracelotate of ammona, its use in neuralga 38 Hyperæsthesia, hyst rical muscular, M. Briquet on 39 Hypodermic injection, Dr. Skinner's syringe for 40 Injection, Mr. Hunter on the mode of employing 40 treatment of diseases, Mr. Hunter on the 40 3 treatment of diseases, Mr. Hunter on the 50 Hydrocele, Mr. Pollock on the use of silver wires in 40 Hydrocele, Mr. Pollock on the use of silver wires in 40 Hydrocele, Mr. Pollock on the use of croton oil in 40 Union 40	nomesopatily, 1 tot. minipion s remarks on	•			305
Hydrarthross of the knee jount, Dr. Macdonnell on injection of iodine in 37 I Hydracele, Prof. Simpson stratment by metallic setons 39 2 Mr. Curing's treatment by iodine injections 39 2 Mr. Curing's treatment of 39 2 Mydracephalus, Mr. Phillips on clastic pressure in 37 3 Hydracelotate of ammona, its use in neuralga 38 Hyperæsthesia, hyst rical muscular, M. Briquet on 39 Hydracelotate of ammona, its use in neuralga 38 Hyperæsthesia, hyst rical muscular, M. Briquet on 39 Hypodermic injection, Dr. Skinner's syringe for 40 Injection, Mr. Hunter on the mode of employing 40 treatment of diseases, Mr. Hunter on the 40 3 treatment of diseases, Mr. Hunter on the 50 Hydrocele, Mr. Pollock on the use of silver wires in 40 Hydrocele, Mr. Pollock on the use of silver wires in 40 Hydrocele, Mr. Pollock on the use of croton oil in 40 Union 40	Mr. Braith waite's examination of the princip	les of	• •	40	323
Hydracthrosis of the kines joint, Dr. Macdonnell on injection of iodine in 37 1 Hydrocele, Prof. Simpson struatment by metallic setons 39 2 Mr Young's new treatment of 39 2 Hydrocephalus, Mr. Phillips on clastic pressure in 37 3 Hydroceliorate of ammonia, its use in neuralgia 38 Hyperæsthesia, hystrical muscular, M. Briquet on 39 1 Hydrocephalus, Mr. Phillips on clastic pressure in 37 3 4 Hyperæsthesia, hystrical muscular, M. Briquet on 39 1 Hypodermic injection, Dr. Skinner's syringe for 40 1 Hypodermic injection, Dr. Skinner's syringe for 40 1 Hypodermic injection, Mr. Hunter on the 40 3 4 treatment of diseases, Mr. Hunter on the 40 4 5 4 treatment of diseases, Mr. Hunter on the 40 4 5 4 treatment of diseases, Mr. Hunter on the 40 5 4 treatment of diseases, Mr. Hunter on the 40 6 4 1 Hydrocele, Mr. Pollock on the use of silver wires in 40 6 1 Hydrocele, Mr. Pollock on the use of croton oil in 40 6 1 Hydrocelphalus, Dr. Carsou on iodide of potassuum in 40 4 1 Hydrocelphalus, Dr. Carsou on iodide of potassuum in 40 4 1 Hydrocelphalus, Dr. Brown-Sequard on 40 6 1 Hysterical affections of the joints, Mr. Barwell on 37 1 Hysterical affections of the joints, Mr. Skey on 39 1 Hysterical affections of the joints, Mr. Skey on 39 1 Hidiopathic crysipelas, Dr. Hall on 40 1 Hipperforate anus, Mr. Nunn on 40 1 Imperforate anus, Mr. Davies treatment of 40 1 Incisions into the knee joint, Mr. Adams on 40 1 Incisions into the knee joint, Mr. Adams on 40 1 Incisions into the knee joint, Mr. Adams on 40 1 Incisions into the knee joint, Mr. Adams on 40 1 Incisions into the knee joint, Mr. Adams on 40 1 Incisions into the knee joint, Mr. Adams on 40 1 Incisions into the knee joint, Mr. Adams on 40 1 Incisions into the knee joint, Mr. Adams on 40 1 Incisions into the knee joint, Mr. Bartin in 40 1 Incisions into the knee joint in 40 1 Incisions into the knee joint in 40 1 Incisions in 40	its doses and its "provings"	• •	•••	39	433
Hydrocele, Prof. Simpson stratament by nodine injections 39 2 Mr Curing's treatment by iodine injections 39 2 Mr Young's new treatment of		of iodine	tn .		145
Mr Curning's treatment by iodine injections 39 9 2 Mr Young's new treatment of 39 2 Hydrocephalus, Mr. Phillips on clastic pressure in 37 37 37 37 37 38 39 41 39 39 39 39 39 39 39 39 39 39 39 39 39					
Hydrocephalus, Mr. Phillips on elastic pressure in	Ma Company to the barrets of the control of				277
Hydrocephalus, Mr. Phillips on elastic pressure in	Mr Curning a treatment by found injections	• •	••	39	277
Hydrocephalus, Mr. Phillips on clastic pressure in	Mr Young's new treatment of	• •		39	275
Hydrechlorate of ammonia, its use in nearalgas Hyperæsthesia, hysterical muscular, M. Briquet on Hyperæsthesia, hysterical muscular, M. Briquet on Hippedermic injection, Dr. Skinner's syringe for — injection, Mr. Hunter on the mode of employing — treatment of diseases, Mr. Hunter on the — treatment of diseases, Mr. Hunter on the Hydrocele, Mr. Pollock on the use of silver wires in Hydrocephalus, Dr. Carson on indide of potassium in — Dr. Watson on the use of croton oil in — Unsuccessful results of tapping in — Unsuccessful results of tapping in — Hysterical affections of the joints, Mr. Barwell on — affections of the joint, Mr. Adams on Hootitinence of urine, use belladonna in — of urine, use of cathonic acid gas for — of urine, use of cathonic acid gas for — of urine, use of cathonic acid gas for — of urine, use of cathonic acid gas for — of urine, use of cathonic acid gas for — of urine, use of use uris in — ophthalmia, treatment of — sphills, remarks on a case of Hufants, Dr. Routh on the treatment of — sphills, remarks on a case of Hufants, Dr. Routh on the treatment of — of the breast, application of compressed sponge in Inferior maxilla, on luxation of the Infantantion, Dr. Cameron on the nature and treatment of — paun, Mr. Coote on — paun, to ender a defective assimilation in Inferiors of the bronch in pulmonary diseases Injuries of the hand and fingers Injuries of the hand and fingers Injuries of the bronch in pulmonary diseases Injuries of the bronch in polinonary diseases Injuries of the bronch in polinonary diseases Injuries	Hydrocephalus, Mr. Phillips on elastic pressure in			37	327
Hyperesthesta, hyst rical muscular, M. Briquet on Hypodermic injection, Dr. Skinner's syringe for — injection, Mr. Hunter on the mode of employing — treatment of diseases, Mr. Hunter on the — treatment of diseases, Mr. Hunter on the — treatment of diseases, Mr. Hunter on the Hydrocele, Mr. Pollock on the use of silver wires in Hydrocele, Mr. Pollock on the use of silver wires in Hydrocele, Mr. Pollock on the use of potassum in — Dr. Watson on the use of potassum in — Or Carson on nodide of potassum in — Or Uniseases, Mr. Hunter on the Hysteria, M. Briquet on the predisposition to — and chores, Dr. Brown-Sequard on Hysterical affections of the joints, Mr. Barwell on — and chores, Dr. Brown-Sequard on Hysterical affections of the joints, Mr. Barwell on — affections of the joints, Mr. Skey on Idiopathic ervsipelas, Dr. Hall on Imperforate anus, Mr. Davies' treatment of Incasons into the kine joint, Mr. Adams on Incontinence of urine, use of palvanism in — of urine, use of carbonic acid gas for — of urine, use of carbonic acid gas for — of urine, use of urine are in in Infantile courulsions, Dr. Laurence on carbonate of iron in — sphilis, remarks on a case of Infants, Dr. Routh on the treatment of — sphilis, remarks on a case of Infants, Dr. Routh on the treatment of defective assimilation in Infanton, Dr. Cameron on the nature and treatment of — of the breast, application of compressed sponge in Infantamammary pam. Dr. Coote on — pun, Mr. Coote on — pun, Mr. Coote on — pun, Mr. Long's treatment of — on the radical cure of — new operation for radical cure of — sew operation for radical cure of — sew operation for radical cure of — sew operation for adical cure of — sew operation for adical cure of — sew operation for discusses Injuries of the bronch in pulmonary diseases Injuries of the hand and fingers Industrial hemorrhage, use of Dr. Warren's styptic in — incusion, value of in obstinate stricture — on the radical cu					
Hypodermic njection, Dr. Skinner's syringe for ——injection, Mr. Hunter on the mode of employing 40 ——treatment of diseases, Mr. Hunter on the 30 ——treatment of diseases and 50 ——treatment of diseases and 50 ——treatment of diseases and 50 ——treatment of silver wires in 40 ——treatment of 37 ——treatment of 37 ——treatment of 38 ——treatment of 39 ——treatment of 37 ——treatment of 38 ——treatment of 39 ——treatment					31
injection, Mr. Hunter on the mode of employing treatment of diseases, Mr. Hunter on the display to the use of silver wires in Hydrocele, Mr. Pollock on the use of silver wires in Hydrocele, Mr. Pollock on the use of croton oil in Dr. Watson on the use of croton oil in Dr. Watson on the use of croton oil in Dr. Watson on the use of croton oil in Hysteria, M. Briquet on the predisposition to and chorea, Dr. Brown-Sequard on Hysterical affections of the joints, Mr. Barwell on Hysterical affections of the joints, Mr. Barwell on Affections of the joints, Mr. Skey on Idiopathic crysipelas, Dr. Hall on Hysterical affections of the joints, Mr. Skey on Idiopathic crysipelas, Dr. Hall on Hysterical affections of the joints, Mr. Skey on Indiopathic crysipelas, Dr. Hall on Hysterical affections of the joints, Mr. Skey on Indiopathic crysipelas, Dr. Hall on Hysterical affections of the joints, Mr. Skey on Indiopathic crysipelas, Dr. Hall on Himperforate anus, Mr. Davies treatment of Himperforate anus, Mr. Lucus of salvains in Of urine, use of palvains in Of urine, use of palvains in Of urine, use of palvains in Hindiant, on campalymin; in the hot season in Hinfantile convulsions, Dr. Laurence on carbonate of iron in Hinfantile convulsions, Dr. Laurence on carbonate of iron in Hinfantile convulsions, Dr. Laurence on carbonate of iron in Hinfants, Dr. Routh on the treatment of Hinfants, Dr. Coote on Hinfantile, on luxation of the Hinfantile convulsions, Dr. Aleantiar's treatment of Hinfantile convulsions, Dr. Aleantiar's treatment of Hinfantile convulsions, Dr. Aleantiar's treatment of Hinfa		• •	• •		94
treatment of diseases, Mr. Hunter on the treatment of diseases, Mr. Hunter on the treatment of diseases, Mr. Hunter on the 39 Hydrocele, Mr Pollock on the use of silver wires in 40 Hydrocephalus, Dr. Carsou on nodide of potassum in 40 Lik. Watson on the use of croton oil in 40 — unsuccessful results of tapping in 40 Hysteria, M. Briquet on the predisposition to 37 — and chorea, Dr. Brown-Sequard on 40 Hysterical affections of the joints, Mr. Barwell on 39 — affections of the joints, Mr. Skey on 40 Idiopathic ervsipelas, Dr. Hall on 40 Indovincrasses, Mr. Numi on 40 Imperforate anus, Mr. Davies' treatment of 37 Incisions into the kine joint, Mr. Adams on 40 Incontinence of urine, use of salvanism in 37 — of urine, use of carbonic acid gas for 38 — of urine, use of carbonic acid gas for 38 — of urine, use of carbonic acid gas for 38 — of urine, use of use uris in 38 Infantile convulsions, Dr. Laurence on carbonate of fron in 38 Infantile convulsions, Dr. Laurence on carbonate of fron in 38 — syphilis, remarks on a case of 40 Infants, Dr. Routh on the treatment of 40 Infants, Dr. Cameron on the nature and treatment of 38 — of the breast, application of compressed sponge in 40 Infant mammary pain. Dr. Coote on 39 Ingrowing toe-mail, Dr. Alcantara's treatment of 39 — toe mail, Mr. Longs treatment of 37 Ingunal herms, on the radical cure of 39 Ingunal herms, on the radical cure of 39 Injuries of the hand and fingers 39 Injuries of th	Hypodermic injection, Dr. Skinner's syringe for		• •	40	146
treatment of diseases, Mr. Hunter on the treatment of diseases, Mr. Hunter on the treatment of diseases, Mr. Hunter on the 39 Hydrocele, Mr Pollock on the use of silver wires in 40 Hydrocephalus, Dr. Carsou on nodide of potassum in 40 Lik. Watson on the use of croton oil in 40 — unsuccessful results of tapping in 40 Hysteria, M. Briquet on the predisposition to 37 — and chorea, Dr. Brown-Sequard on 40 Hysterical affections of the joints, Mr. Barwell on 39 — affections of the joints, Mr. Skey on 40 Idiopathic ervsipelas, Dr. Hall on 40 Indovincrasses, Mr. Numi on 40 Imperforate anus, Mr. Davies' treatment of 37 Incisions into the kine joint, Mr. Adams on 40 Incontinence of urine, use of salvanism in 37 — of urine, use of carbonic acid gas for 38 — of urine, use of carbonic acid gas for 38 — of urine, use of carbonic acid gas for 38 — of urine, use of use uris in 38 Infantile convulsions, Dr. Laurence on carbonate of fron in 38 Infantile convulsions, Dr. Laurence on carbonate of fron in 38 — syphilis, remarks on a case of 40 Infants, Dr. Routh on the treatment of 40 Infants, Dr. Cameron on the nature and treatment of 38 — of the breast, application of compressed sponge in 40 Infant mammary pain. Dr. Coote on 39 Ingrowing toe-mail, Dr. Alcantara's treatment of 39 — toe mail, Mr. Longs treatment of 37 Ingunal herms, on the radical cure of 39 Ingunal herms, on the radical cure of 39 Injuries of the hand and fingers 39 Injuries of th	injection, Mr. Hunter on the mode of employi	ng		4()	39
treatment of diveases, Mr. Hunter on the Hydrocele, Mr. Pollock on the use of silver wires in 40 Hydrocephalus, Dr. Carsou on iodide of potassum in 40 Lydrocephalus, Dr. Carsou on iodide of potassum in 40 Lydrocephalus, Dr. Carsou on iodide of potassum in 40 Lydrocephalus, Dr. Carsou on iodide of potassum in 40 Lydrocephalus, Dr. Watson of tapping in 40 Lysteria, M. Briquet on the predisposition to 37 Lydrocephalus, Dr. Brown. Sequard on 40 Lysterical affections of the joints, Mr. Barwell on 39 Lydrocephalus, Dr. Hall on 39 Lydrocephalus, Mr. Skey on 37 Lincontinence of urine, use of the stream on 40 Lydrocephalus, Mr. Skey on 37 Lydrocephalus, Mr. Skey on 37 Lydrocephalus, Mr. Skey on 37 Lydrocephalus, Mr. Skey on 39 Lydrocephalus, Mr. Coote on 39 Lydrocephalus, Mr. Coote on 39 Lydrocephalus, Mr. Coote on 39 Lydrocephalus, Mr. Long's treatment of 37 Lydrocephalus, Mr. Long's treatment of 37 Lydrocephalus, Mr. Long's treatment of 39 Lydrocephalus, Mr. Coote on 39 Lydrocephalus	treatment of diseases. Mr. Hunter on the	-		40	371
Hydrocele, Mr Pollock on the use of silver wires in 40 Hydrocephalus, Dr. Carson on iodide of potassum in 40 Dr. Watson on the use of croton oil in 40 unsuccessful results of tapping in 40 Hysteria, M. Briquet on the predisposition to 37 — and chores, Dr. Brown-Sequard on 40 Hysterial affections of the joints, Mr. Barwell on 39 affections of the joints, Mr. Barwell on 39 Idiopathic ervsipelas, Dr. Hall on 37 Idiosyncrasies, Mr Nunn on 40 Imperforate anus, Mr Davies treatment of 37 Incasions into the kine joint, Mr. Adams on 40 Incontinence of urine, use beliadonna in 37 of urine, use of palvanism in 37 of urine, use of carbonic acid gas for 38 of urine, use of carbonic acid gas for 38 India, on campulging, in the hot season in 38 India, on campulging, in the hot season in 38 Infantile courulisons, Dr. Laurence on carbonate of iron in 38 Infantile, on hydron on the treatment of 38 Infants, Dr. Routh on the treatment of 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Infants, Dr. Routh on the treatment of 58 — of the presst, application of compressed sponge in 40 Infar mammary pain. Dr. Coote on 39 Ingrowing toe-inail, Dr. Alcantara's treatment of 39 Ingrowing toe-inail, Dr. Alcantara's treatment of 39 Ingrowing toe-inail, Tr. Alcantara's treatment of 39 Ingrowing toe-inail, Dr. Alcantara's treatment of 39 Inguinal herms, on the radical cure of 39 Injuries of the bronch in pulmonary diseases 39 Injuries of the hand and fingers 39 Indurnal hemorrhage, use of Dr. Warren's styptic in 40 incusion, value of in obstinate stricture 40 incusion, value of un obstinate stricture 40 worms, use of	transment of discusses Mr. Hunter on the				
Hydrocephalus, Dr. Carson on holded of potassum m lg. Watson on the use of croton oil in unsuccessful results of tapping m 40 Hysteria, M. Briquet on the predisposition to and chorea, Dr. Brown-Sequard on Hysterical affections of the joints, Mr. Barwell on affections of the joints, Mr. Skey on dispatch of the joints, Mr. Adams on lincontinence of urine, use of laddonna in of urine, use of carbonic acid gas for dispatch of urine, use of carbonic acid gas for of urine, use of carbonic acid gas for dispatch of urine, use of usu ursi in and ophthalmia, rentament of syphilis, remarks on a case of Infants, Dr. Routh on the treatment of defective assimilation in Inferior maxilla, on luxation of the infasimination, Dr. Cameron on the nature and treatment of my philis, remarks on a case of Infart mammary pain. Dr. Coote on pain, Mr. Coote on lingrowing toe-mail, Mr. Longs treatment of my power of the hand, treatment of my power of the hand and fingers lingunal herms, on the radical cure of new operation for radical cure of nijections of the bronch in pulmonary diseases lingunits of the hand and fingers lingunits of the hand and fingers lingunits of the poperation for lingunities of the hand and fingers lingunities of the properation for dismale in worms, use of uncture of kamale in "The worms, efficacy of kameela in worms, efficacy	11 June 2 Mr. D. Harbar all and a Control of the				511
Hydrocephalus, Dr. Carson on holded of potassum m lg. Watson on the use of croton oil in unsuccessful results of tapping m 40 Hysteria, M. Briquet on the predisposition to and chorea, Dr. Brown-Sequard on Hysterical affections of the joints, Mr. Barwell on affections of the joints, Mr. Skey on dispatch of the joints, Mr. Adams on lincontinence of urine, use of laddonna in of urine, use of carbonic acid gas for dispatch of urine, use of carbonic acid gas for of urine, use of carbonic acid gas for dispatch of urine, use of usu ursi in and ophthalmia, rentament of syphilis, remarks on a case of Infants, Dr. Routh on the treatment of defective assimilation in Inferior maxilla, on luxation of the infasimination, Dr. Cameron on the nature and treatment of my philis, remarks on a case of Infart mammary pain. Dr. Coote on pain, Mr. Coote on lingrowing toe-mail, Mr. Longs treatment of my power of the hand, treatment of my power of the hand and fingers lingunal herms, on the radical cure of new operation for radical cure of nijections of the bronch in pulmonary diseases lingunits of the hand and fingers lingunits of the hand and fingers lingunits of the poperation for lingunities of the hand and fingers lingunities of the properation for dismale in worms, use of uncture of kamale in "The worms, efficacy of kameela in worms, efficacy	Hydrocele, Mr Pollock on the use of sliver wires in	***			187
Hysteria, M. Briquet on the predisposition to 37 — and chores, Dr. BrownSequard on 40 Hysterical affections of the joints, Mr. Barwell on 39 Idiopathic ervsipelas, Dr. Hall on 37 Idiosyncrasics, Mr. Nunn on 37 Idiosyncrasics, Mr. Nunn on 40 Imperforate anus, Mr. Davies' treatment of 37 Incasions into the knee joint, Mr. Adams on 40 Incontinence of urine, use beliadonna in 37 — of urine, use of galvanism in 37 — of urine, use of palvanism in 37 — of urine, use of beliadonna in 38 — of urine, use of two uris in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 — spphilis, remarks on a case of 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Infants, Dr. Cameron on the nature and treatment of 38 Infanmation, Dr. Cameron of the breast, application of compressed sponge in 40 Infar mammary pain, Dr. Coote on 39 Ingrowing toe-nail, Dr. Alcantara's treatment of 37 Ingunal herma, on the radical cure of 39 Ingunal herma, on the radical cure of 39 Injuries of the branch in pulmonary diseases 37 Injuries of the hand and fingers 39 Interstinal worms, their prevalence in certain localities 39 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Inverse of uncture of themals in 37	Hydrocephalus, Dr. Carson on lodide of potassium in	• •	• •	40	414
Hysteria, M. Briquet on the predisposition to 37 — and chores, Dr. BrownSequard on 40 Hysterical affections of the joints, Mr. Barwell on 39 Idiopathic ervsipelas, Dr. Hall on 37 Idiosyncrasics, Mr. Nunn on 37 Idiosyncrasics, Mr. Nunn on 40 Imperforate anus, Mr. Davies' treatment of 37 Incasions into the knee joint, Mr. Adams on 40 Incontinence of urine, use beliadonna in 37 — of urine, use of galvanism in 37 — of urine, use of palvanism in 37 — of urine, use of beliadonna in 38 — of urine, use of two uris in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 — spphilis, remarks on a case of 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Infants, Dr. Cameron on the nature and treatment of 38 Infanmation, Dr. Cameron of the breast, application of compressed sponge in 40 Infar mammary pain, Dr. Coote on 39 Ingrowing toe-nail, Dr. Alcantara's treatment of 37 Ingunal herma, on the radical cure of 39 Ingunal herma, on the radical cure of 39 Injuries of the branch in pulmonary diseases 37 Injuries of the hand and fingers 39 Interstinal worms, their prevalence in certain localities 39 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Inverse of uncture of themals in 37	Dr. Watson on the use of croton oil in			4()	36
Hysteria, M. Briquet on the predisposition to 37 — and chores, Dr. BrownSequard on 40 Hysterical affections of the joints, Mr. Barwell on 39 Idiopathic ervsipelas, Dr. Hall on 37 Idiosyncrasics, Mr. Nunn on 37 Idiosyncrasics, Mr. Nunn on 40 Imperforate anus, Mr. Davies' treatment of 37 Incasions into the knee joint, Mr. Adams on 40 Incontinence of urine, use beliadonna in 37 — of urine, use of galvanism in 37 — of urine, use of palvanism in 37 — of urine, use of beliadonna in 38 — of urine, use of two uris in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 — spphilis, remarks on a case of 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Infants, Dr. Cameron on the nature and treatment of 38 Infanmation, Dr. Cameron of the breast, application of compressed sponge in 40 Infar mammary pain, Dr. Coote on 39 Ingrowing toe-nail, Dr. Alcantara's treatment of 37 Ingunal herma, on the radical cure of 39 Ingunal herma, on the radical cure of 39 Injuries of the branch in pulmonary diseases 37 Injuries of the hand and fingers 39 Interstinal worms, their prevalence in certain localities 39 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Intestinal worms, their prevalence in certain localities 39 Inverse defended and 37 Inverse of uncture of themals in 37	- unsuccessful results of tanning in				325
and chores, Dr. Brown-Sequard on 40 Hysterical affections of the joints, Mr. Barwell on 39 affections of the joints, Mr. Skey on 39 Idiopathic erysipelas, Dr. Hall on 40 Imperforate anus, Mr. Nunn on 40 Imperforate anus, Mr. Davies' treatment of 37 Incasions into the knee joint, Mr. Adams on 40 Incontinence of urine, use oblibadonna in 37 of urine, use of galvanism in 37 of urine, use of galvanism in 38 of urine, use of cathonic acid gas for 38 funda, on campalgum; in the hot season in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 ophthalmia, treatment of 38 ophthalmia, treatment of 38 Infants, Dr. Routh on the treatment of 60 Infarts maxilla, on luxation of the 37 Infantion, Dr. Cameron on the nature and treatment of 38 of the breast, application of compressed sponge in 40 Infart mammary pain. Dr. Coote on 39 Ingrowing toe-inail, Dr. Alcantara's treatment of 39 Ingrowing toe-inail, Dr. Alcantara's treatment of 39 Inguinal herma, on the radical cure of 39 Inguinal herma, on the radical cure of 39 Injuries of the hand and fingers 39 Injuries of the hand and f					
Hysterical affections of the joints, Mr. Barwell on affections of the joints, Mr. Skey on 39 Idiopathic ervsipelas, Dr. Hall on 37 Idiosyncrasics, Mr. Nunn on 40 Imperforate anus, Mr. Davies treatment of 37 Incisions into the knee joint, Mr. Adams on 40 Incontinence of urine, use belladonna in 37 of urine, use of palvanism in 37 of urine, use of belladonna in 38 of urine, use of carbonic acid gas for 38 of urine, use of carbonic acid gas for 38 India, on campalyining in the hot season in 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 ophthalmia, treatment of 38 ophthalmia, treatment of 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 ophthalmia, treatment of 38 Infantile convulsions, Dr. Laurence on carbonate of iron in 38 ophthalmia, treatment of 38 Infantile, Dr. Routh on the treatment of 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Infants, Dr. Cameron on the nature and treatment of 38 Infantmation, Dr. Cameron on the nature and treatment of 38 Infra mammary pain. Dr. Coote on 39 Ingrowing toe-nail, Dr. Alcantara's treatment of 39 toe mail, Mr. Loogs treatment of 37 Ingunal herma, on the radical cure of 39 Ingunal herma, on the radical cure of 39 Injuries of the bronchi in pulmonary diseases 37 Injuries of the hand and fingers 39 Initersal hemorrhage, use of Dr. Warren's styptic in 40 incision, value of in obstinate stricture 40 Intestinal worms, their prevalence in certain localities 39 Worms, use of uncture of kamala in 37			• •		54
Idiopathic ervsipelas, Dr. Hall on			• •	40	39
Idiopathic erysipelas, Dr. Hall on	Hysterical affections of the joints, Mr. Barwell on	• •		39	171
Idiopathic ervsipelas, Dr. Hall on				.39	166
Indoxyncrasics, Mr Nunn on					
Indoxyncrasics, Mr Nunn on					
Indoxyncrasics, Mr Nunn on					
Indoxyncrasics, Mr Nunn on	Idionathic ervsinelas, Dr. Hall on			27	22
Imperforate anus, Mr Davies treatment of 37 Incisions into the kine joint, Mr Adams on 40 Inciontinence of urine, use beliadonna in 37 37 37 38 39 39 39 39 39 39 39	Thomas and Mr. Names on	•			
Incasons into the knee joint, Mr Adams on 40 Incontinence of urine, use beliadonna in 37 of urine, use of galvanism in 37 of urine, use of calvanism in 38 of urine, use of beliadonna in 38 of urine, use of tentonic acid gas for 38 India, on compalgiant; in the hot season in 38 India, on compalgiant; in the hot season in 38 ophthalmia, treatment of 38 ophthalmia, treatment of 38 ophthalmia, treatment of 40 Infants, Dr Routh on the treatment of defective assimilation in 40 Infants, Dr Routh on the treatment of defective assimilation in 40 Infants, Dr Routh on the nature and treatment of 38 Infants, Dr Comeron on the nature and treatment of 38 Infants Dr Houth on the treatment of 59 Infants Dr Houth on the use of 59 Infants Dr Houth on the use of 59 Infants Dr Houth on the nature and treatment of 59 Infants Dr Houth on the nature and treatment of 59 Infants Dr Houth on the nature and treatment of 59 Ingrowing toe-mail, Dr Alcantara's treatment of 59 Ingrowing toe-mail, Dr. Alcantara's treatment of 59 Inguinal herma, on the radical cure of 59 Inguinal herma, on the radical cure of 59 Injections of the bronch in pulmonary diseases 59 Injections of the bronch in pulmonary diseases 59 Injuries of the hand and fingers 59 Internal hemorrhage, use of Dr. Warren's styptic in 50 Intestinal worms, their prevalence in certain localities 59 Intestinal worms, their prevalence in certain localities 59 Worms, use of uncture of kamala in 57	Intolynerasies, Mr Munn on	• •	• •		36
Incontinence of urtine, use beliadouns in				37	203
Incontinence of urtine, use beliadonna in	Incisions into the knee joint, Mr Adams on			40	107
of urtue, use of galvanisto in	To any the same of males, type I. The James In-				38
of urme, use of carbonic acid gas for 38 of urme, use of ura uras in 38 India, on campaignin; in the hot season in 38 Indiantile courulsions, Dr. Laurence on carbonate of iron in 38 ophthalmia, treatment of 38 ophthalmia, treatment of 38 sphilis, remarks on a case of 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Inferior maxilla, on luxation of the 37 Infants, Dr. Cameron on the nature and treatment of 38 Infants, Dr. Cameron on the nature and treatment of 38 Infantmation, Dr. Cameron on the nature and treatment of 38 Infantmanmary pain. Dr. Coote on 39 Infra mammary pain. Dr. Coote on 39 Ingrowing toe-inail, Dr. Alcantara's treatment of 37 Inguinal herma, on the radical cure of 37 Inguinal herma, on the radical cure of 39 Injections of the bronch in pulmonary diseases 39 Injuries of the hand and fingers 39 Internal hemorrhage, use of Dr. Warren's styptic in 40 incision, value of in obstinate stricture 40 Intestinal worms, their prevalence in certain localities 39 Worms, efficacy of kameela in 38 Worms, efficacy of kameela in 37		•	•••		22
of urme, use of carbonic acid gas for 38 of urme, use of ura uras in 38 India, on campaignin; in the hot season in 38 Indiantile courulsions, Dr. Laurence on carbonate of iron in 38 ophthalmia, treatment of 38 ophthalmia, treatment of 38 sphilis, remarks on a case of 40 Infants, Dr. Routh on the treatment of defective assimilation in 40 Inferior maxilla, on luxation of the 37 Infants, Dr. Cameron on the nature and treatment of 38 Infants, Dr. Cameron on the nature and treatment of 38 Infantmation, Dr. Cameron on the nature and treatment of 38 Infantmanmary pain. Dr. Coote on 39 Infra mammary pain. Dr. Coote on 39 Ingrowing toe-inail, Dr. Alcantara's treatment of 37 Inguinal herma, on the radical cure of 37 Inguinal herma, on the radical cure of 39 Injections of the bronch in pulmonary diseases 39 Injuries of the hand and fingers 39 Internal hemorrhage, use of Dr. Warren's styptic in 40 incision, value of in obstinate stricture 40 Intestinal worms, their prevalence in certain localities 39 Worms, efficacy of kameela in 38 Worms, efficacy of kameela in 37	of urino, use of garvatterin in				
Infantile convulsions, Dr. Laurence on carbonate of Iron in	of urine, use of behadonna in		• •		20
Infantile convulsions, Dr. Laurence on carbonate of Iron in	of urme, use of carbonic acid gas for			38	20
Infantile convulsions, Dr. Laurence on carbonate of Iron in	of urine, use of uva arsi in			38	27
Infantile convulsions, Dr. Laurence on carbonate of Iron in	India on campaliming in the hot season in				38
ophthalmia, treatment of		• •	• •		
Infants, Dr. Routh on the treatment of defective assimilation in Inferior maxilla, on luxation of the Infantmation, Dr. Cameron on the nature and treatment of Infantmation, Dr. Cameron on the nature and treatment of Infantmation, Dr. Cameron on the nature and treatment of Of the breast, application of compressed sponge in Infra mammary pain. Dr. Coote on Optimized the paint of the paint of the mainty of t	intalighe conversions, or matrenes on exponents of from in	• •			40
Infants, Dr. Routh on the treatment of defective assimilation in Inferior maxilla, on luxation of the Infantmation, Dr. Cameron on the nature and treatment of Infantmation, Dr. Cameron on the nature and treatment of Infantmation, Dr. Cameron on the nature and treatment of Of the breast, application of compressed sponge in Infra mammary pain. Dr. Coote on Optimized the paint of the paint of the mainty of t	ophthalma, treatment of	• •	• •	38	24
Infants, Dr. Routh on the treatment of defective assimilation in 40	syphilis, remarks on a case of			40	308
Inferior maxille, on luxation of the 37	Infants. Dr Routh on the treatment of defective assimilation				5
Inflammation, Dr. Cameron on the nature and treatment of					
of the breast, application of compressed sponge in Infra mammary pain. Dr. Coote on		••	• •		170
Infra mammary pann. Dr. Cooté on 38 38 38 38 39 39 39 39			• •	38	40
Infra mammary pann. Dr. Coote on 38	of the breast, application of compressed spon	ge in		40	38
Dank Mr. Coote on 39	Infra mammary pain. Dr Coote on				35
Ingrowing toe-nail, Dr. Alcantara's treatment of 39	Your Mr Coate on				8
1	Transcring ton you! Dr. Alcontone's transmiss of				
1	ingrowing the man, 1/1. Alcantura s treatment of	• •	***		30
Ingunal herms, on the radical cure of	We man, the money of the outlette of			37	23
Ingunal herms, on the radical cure of	toe nail, treatment of		***	37	23
new operation for radical cure of 38	Inguinal hernia, on the radical cure of				22
On the radical cure of 39	new operation for radical cure of				
Injections of the bronch in pulmonary diseases 37	are the and some of		•		19
Injuries of the hand and fingers 39	on the fadical cure of	• •	• •		23
Injuries of the hand and fingers 39		• •		37	8
Internal hemorrhage, use of Dr. Warren's styptic in 40	Injuries of the hand and fingers				18
incision, value of in obstinate stricture	Internal hemorrhage, use of Dr. Warren's stratic in				12
Intestinal worms, their prevalence in certain localities 39 worms, efficacy of kameela in 38 worms, use of uncture of kamala in 37	incision value of in obstinate structure				
Intestinal worms, their prevalence in certain localities 39 worms, efficacy of kameela in 38 worms, use of uncture of kamala in 37	married on the enemation for		• •		15
worms, efficacy of kameela in		• •	• •	38	25
worms, efficacy of kameela in	Intestinal worms, their prevalence in certain localities			39	13
worms, use of uncture of karnala in 37	worms, efficacy of kameela in				10
Intractable your sting and discribing offer shortion	worms, use of uncture of kamala, in				43
	Intractable you iting and diarrhea after shortion	•	••	40	20

5 3/01 . 34					\$ (3L,	LAGE
Inverted uterus, Dr. M'Clintock's extirp	ation of	by ecrase	ment		411	286
Iodate of potash, mode of obtaining	••	• •			38	399
fodide of calcium, Dr. Pidduck on the	• •			• •	33	344
- of line	• •	• •	• •		37	250
of potassium in leucorrhota	en ille	• •		* *	37	291
- of potassium for dispersion of the of potassium in hydrocephalus	шик	••		•	38	291
	lictiohiae	de and se		• •	4(1	414
Iodine, Mr Carr on its use in trichiasis, d	untichida		uropion		38	273
as a tebrifuçe	• •	• •		••	39	256
- injections in hydrocele		••	***	••	34	6
injection, its success in unilocula	r overies	n ovete	• •	• •	2354	
local use of in boils and carbunch	S CTALLER	r Chara			441	200
local use of in corns			••	••	38 38	246
Ipecacuanha, dysentery treated by large	loses of	••		••	38	160
its use in asthma		•	••	• •		
Iriddesis: Mr. Critchett's mode of opera	ation for	artificial	nanii	• •	38 39	57
Iridectomy, Graefe's operation in glauco	ma	th thicial	Pubit		40	321
Ins. Dr. Letheby on the structure and n		te of the	••	••	40	
littis, suppurative, Dr. Hildige on	***			• •	39	2116
syphilitic, value of turpentine in		• • •	• •	* *	39	324
Iron, case of albuminum permanently cu	red by	••	••	**	38	
Iron-thread sutures and splints in vesico	-reennaj	Setula D	and Sin	a r	39	1 8
Irritable bladder, Mr. Behrend on use o	f hallade	mno in	ion one	Tw. at Ort	40	-134
stump, Mr Hancock on the tr	cutmant	of all		• •		184
ulcer of the rectum, Prof Fer	onelon ⁹ e	treatmen	+ a#	***	40	114
Itch, M Bourguignon's glycerine ointme		neamen		••	39	241
M. Delaharpe on pommade de Jas			••	•	40	197
Itching of anus, treatment of	C1 101		••	••	4()	198
1 sening of anas, treatment of	• •	••	**	••	39	240
Jaundice, Dr. Ward on the treatment of	e		•		40	4.5
Januare, Mr. Permall on the hysters and	t Istian of	••	••	* *	40	72
Joints, Mr. Barwell on the hysteric cond Mr. Coukon on paerperal disease	of the		••	**	19	171
Mr. Coulson on some affections of	or the	••	* *	• •	37	313
— Mr. Skey on hysterical affections	of the	••	••	• •	37	154
	or the	••	••	••	39	166
contracted, on the treatment of		••	••		38	163
diseased, Scott's method of treating			•	• •	33	170
on tumours occurring in the neigh	DOULTO	u oı	• •	• •	38	177
Kameela, Dr. Leared on its use as an ar	*halmir	tio			39	3110
Dr Leared on its use as an an	thologini thologini	tiae	• •	• •		130
Dr Moore on its use as an ant			••	* *	38	107
Widney left mineted in the polyic	пенини	ıc	**	• •	38	104
Kidney, left, situated in the pelvis moveable, Dr. Hare on	• •	••	••	••	37	108
moveable, Dr. riare on			• •	••	37	101
on the forms and stages of Brigh	at a asse	ase of the		••	39	141
Kiesteine of pregnancy, Dr. Hicks on a Knee-joint, Mr. Adams on incisions into	new tes	rior	**	••	40	243
Man Descriptions into	tne		4.	* *	40	107
Mr. Butcher's successful ca	se or ex	cision of			39	158
Mr. Coulson's case of woun	a or the		••	**	39	163
Mr Humphry on excision of	tne	• •	••	• •	39	156
- Mr. Solly on excision of the			**	* *	39	149
contracted, on the treatmen	ections (or todine i	n	* *	37	145
contracted, on the treatmen	It OI		•••	• •	39	
contracted, on extension of excision of, important point				•	37	141
excision of, important point	in aiter	-managen		• •	37	
injection of, with tincture of	iodine	••	••	••	37	376
Lelie Mr Folloon's assa of adhasion of	ofter on	nfinema*+			38	285
Labia, Mr. Falloon's case of adhesion of		undeinent		**	40	1111 4110
pruntus of the, in temales			••	* *	38	283
Labour, natural, use of chloroform in		• •		* *	99	271

				YOL.	PAGE
Labour premature, induction of in a dwarf		• •		38	275
premature, on the induction of				38	27
	tion		• •	40	248
Lechremal duct Mr Walton's treatment of d	150000	of the		40	
Lachrymal duct, Mr. Walton's treatment of d	action	of the	•		201
intercepts, into an of the	A. DIOIL	V. •110	••	40	199
passages, obstructions of the		• •	* *	38	257
Lactation, deficient, on the dietetic treatment	01	• • •	***	411	413
Larch bark, its use in purpura hemorrhagica		***		39	105
Laudanum in weak vision of the aged		• •	• •	40	228
Lepra, inveterate, Dr. Willshire's successful tre	atmen	t of		39	303
Leucorrheea, chronic, use of bismuth in				39	808
treatment of	••			37	
use of todale of potassium in			•	37	350
			•		291
Ligature, cases of fistula-in-ano treated by	••	••	***	39	2,37
Ligatures, metallic, Prof. Simpson on	4 4	••	• •	39	220
metalic, Dr. Simpson on the use of			• •	38	417
Linear incision, Bell and Watson on extraction	n of c	ataract by	••	40	215
Lime in the eye, application for	• •	• •		38	249
Lip, restoration of after operation for cancer	• •		• •	39	223
Laquor opii sedativus in strumous ophthalmia			٠,	37	373
potassie, its influence on henbane, bellado	nna, ar	id stramoni		38	323
Lithotomy, Mr. Smith on				39	241
Mr. Sputh's method of performing th	na aner	ation		39	
Mr. Smith's scalpels for			**		246
	• •	• •	• •	39	243
- advantages of the curved staff in	• •	• •	••	39	255
different modes of performing in E	ngusn	nospitais	• •	40	149
- in children, Mr. Adams on	• •		***	39	264
- median, Mr. Wheelhouse's case of	• •	••		4()	148
- rules preparatory to the operation	• •		••	39	244
simplified, Dr. Corbett on statistical analysis of 186 operations statistics of cases in the Glasgow Roy		• •	• •	39	207
statistical analysis of 186 operations		••		39	256
- statistics of cases in the Glasgow Roy	zal Infi	mary		39	263
treatment after the operation		••		39	253
Lithotrity, Mr. Fergusson's mode of operating	••		***	40	
		•••	**.	40	155
	••		••		150
cases unsuitable for	42.	••	••	40	154
Liver, Dr. Pavy on the sugar-forming function of	me	••	• •	38	108
Local aniesthesia and electricity, 1r Richardson of aniesthesia and electricity, 1r Althaus and	m			38	331
- ansesthesia and electricity, Dr Althaus and	Mr. Lo	obb on	• •	38	336
- ansesthetic, on the use of carbonic acid as a	,	••		38	342
Lung, Dr. Johnson on solidification of the	• •			38	73
Lupus, Mr. Startin's treatment of			••	38	225
		••		39	305
superficialis, treatment of superficialis, Dr. Willshire's treatment of	of	••		40	191
Luxation of the inferior maxilla, Dr. Whittle on	,,		••		176
Larrenbetic clouds. We Donet in some effections		• •	• •	37	
Lymphatic glands, Mr. Paget on some affections of	J1		• •	37	233
Macuna pruriens, its external use as an excita	w. 6			*0	270
Manuatic carbide of tran filtering property of	111.6	••	••	40	379
Magnetic carbide of iron, filtering properties of	••	• •	••	40	369
Male fern, an antidote to snake-bite	• •			40	372
Malignant growths, use of compressed sponge i	n the	treatment	of	40	382
Marriages of consauguinity and their results	• •		••	37	404
Marshall Hall method, its success in a case of asp	hyxia			37	90
plan of treating persons apparently	drown	ed		38	404
Measles, Dr. Kerchenmeister on the incubation of	of			39	308
and scarlatina, treatment preventive of	if the	seamelse of	••	40	24
on the use of ammonia in		ordanie or		38	2
Mechanical appliances Mr Walton on new	• •	•	• •		
Madental adjustences are it died of her	*	••	• •	37	338
Medicated subcutaneous injections, M. Behier	DII		• •	40	378
Medicines in vapour, Dr. Nevins on the internal	employ	yment of	• •	40	407
Membrana tympani, artificial modus operandi o	I.	••	• •	39	364
Membranous dysmenourhers, treatment of		• •		39	423
Men errhagia, obstinate, Dr. Savage en .				37	287

				101	PAGE
Menorrhagia, use of uva ursi in				38	271
Menstruction during prognancy, Dr Hewitt's case	of			38	267
during pregnancy, alleged occurrence	o of			75	2.02
Mentagra, Dr. Jenner on the treatment of		1. **		37	213
Mercurial preparations, influence of on the secret	ion of L	nie	•	359	{'}'
salivation use of chlorate of potash in	**			411	395
Metallic ligatures Prof. Simpson on	• •			39	220
poisoning, chronic, use of iodide of calcin			•	39	394
seton, its use in the treatment of hydroc	ele			.19	277
- sutures employed by Mr. Gossett in 183	4	4.9		39	411
satures, new needle for	• •		• •	40	117
sutures in vesico-vaginal fistula	* *	* *		39	399
surures, use of in cleft palate	**	•		39	221
Meteorology of 1856 and 1857, Mr. Hingeston on t	ne	•	• •	37 34	338 396
Milk, Dr. Routh on a substitute for					
 cflicacy of belladonna in arresting the secretic 	on or			39	288
- use of iodide of potassium for dispersion of			•	38	291
Morbus Addisonii on discolouration of the skir	1 171			411	86
Motor functions of the uterus				37	324
Moveable krineys, diagnous and treatment of	• •			37	101
Muriate of ammonia, its use in neuralgia		1		38	33
Muscle volitantes, pulliative treatment of	* *	* *		84,	234
Muscles, on some affections of the .				37	342
Myalgia, Dr. Inman on, with cases	**		- 10	59	87
or muscular pain, Dr. Imman on		* *		38	19
Myelalgra, M. Bruquet on	•	•		39	99
W				***	
Nævi materni, Mr. Wood's case of extensive	. : •	4		38	IH5
- of the rectum and urethra, use of miricacid	lin	•		40	279
Nætus of the eyelid, cases at Moorhelds Hospital		• •		41)	204
use of chlohydric acid in				40	190
Prof. Friehsen on			•	39	208
- Dr. Cosheld on corresive collection in	• :	*		37	433
- Mr. Colles' case of large arterial, of the he	ad	•	• •	39	215
- Mr. Wa.ton on the use of tannic acid in				38	241
- Mr Wordsworth on	. **	• •		39	217
- its treatment by injections with tannic acid	1	•		37	377
- large number on an infant		• 4	• •	37	187
- subcutaneous, injection of tannic acid in				38	3.53
subcutaneous, over the anterior fontanelle		**		38	187
Nails, Dr. Hare's case of psorms of the matrices	of the	* *		37	436
Narcotic employment of chloroform as a		• •	• •	38	339
	**		• •	39	47
injections in neuralgia		• •	••	38	22
injections in neuralgia				38	27
poissing, Dr. Jackson on cold affusion			* *	41)	38
Nasal duct, dilatation treatment of obstruction of				38	258
 polypus, Mr. Gant's new forceps for removal 	of			38	190
Natural spas, on the imitation of	***			38	392
Necrosis of the bones of the forearm, cases of				37	164
Needle for metallic sutures				40	117
Nervous affections, treatment of				37	35€
headache, Dr. Symonds on the treatment	of			37	388
system, Dr. Brown Sequard on the				39	43
Neuralgia, Dr Althaus on electricity in				38	35
Dr. Gondoun on the internal use of tu	rpentin	e in		40	303
Dr. Guencau de Mussy's treatment of				40	xiv
Dr. C. H. Jones on the nature, seat, an	id relati	ons of		40	28
- Dr Wood on narcotic myections in				38	22
- Mr. Brenchley on hydrochlorate of am	monia i	n .		38	31
- Mr. Burns on sub utaneous anodyne in	ections	in		38	31
Mr. Hunter on narcotic injections in	je outviit?	***		38	27
Mr. Hunter's cases treated by narcotic	iniectio	na		40	372
MI. ARUNIOS BYRECT IN CREECE BY HATCOING	milenati	IAD .	*	781,7	014

				PAGE
Nearalgia, Mr. Hunter's cases treated by narcotic inje	ctions		39	47
dental, treatment of	• •	• •	39	86
remedy for			37	358
use of arsenic m	••	• •	37	394
	• •		38	337
use of murate of ammonia in			38	32
Neuralgic and gouty affections, Dr Easton on the cor- dysmenorrhea. treatment of Nicotine, Dr. Taylor on the pathological effects of	nection of		39	31
dysmenorrhæa, treatment of			39	421
Nicotine, Dr. Taylor on the pathological effects of			38	315
an authlote to porsoning by strychus	••		38	316
its use in traumette tetanus			38	44
Night-blindness in connexion with scurvy			40	219
with scurry in the Crimea .		••	40	228
	••	••	37	274
Nitrate of silver drops	••	••	38	108
Nitre-paper, inhalation of the fumes of in asthma		••	38	54
Nitric acid, its use in hemorrhoids and prolapsus of rec			40	134
its use in the treatment of internal piles an	id projencus et		37	200
	id protagodo ai	13		
ether, test for	**	• •	38	397
Nitrogenous food, Dr. Corvisart on the digestion of	••	• •	39	133
Non-mangnant tumours, use of compressed sponge for	••	••	40	383
Obstructions of the lachrymal passages .			38	257
6 43 2 man 1 2 man			38	258
Obstructive dysme northon, treatment of			39	425
		.,	40	316
Oil of the dupons as a curative agent in chronic disease	: ::		37	343
of male fern, its efficiery in terms	••		38	453
	••	••	38	234
Officials of the vittems hallout		••		
Opaque capsule, extraction of after operation for catar		••	37	264
Ophthalma, acute rheumatic, use of morphia in	• •	••	40	221
catarrhal, nitrate of silver drops for		••	37	274
granular, treatment by the application of	i generrnœai		39	351
granalar, ase of unguentum sulphuris in of new-born children, Dr. Macmillan on	••	• •	39	358
of new-born children, Dr. Macmillan on	• •		38	247
purulent, alum lotion for	• •	••	37	274
strumous Mr Henry on		••	39	353
- tarsi treated by tructure of iodine and glyc	erine		38	256
Ophthalmoscope, Dr. Taylor on the	••		39	309
M Grafe's new			4()	230
Mr. Taylor on the practical applica-	tion of		38	231
Mr Walton's mode of using			40	229
on the uses of the		••	39	314
Ophthalmoscopic appearance of the normal eye	••	••	39	312
Opum and beliadonna, therapeutic relations of	**	••	38	325
- and sulphate of quaine, antagonistic action of			38	331
- m uterme hemorrhage		••	37	376
Orbit, vascular tumous of, treated by injection of tans	nin		38	
Orbital aneurism treated by ligature of the common		••	39	
Orchitis, M. de Larue on belladonna in			37	440
Orthopoedic operations, Dr. Lattle on unnecessary	••	••	37	173
		• •		
Os calcus, Mr. Errebsen on the treatment of disease of	me	• •	4()	
- calcis, excision or by a new method uters on dilutation of the	• ••	• •	37	153
- uter on unitation of the		• •	38	
- uters, residity of in labour		••	39	
Ova. Or Matter on the appearance of yearly ripenia.	ci, in woman	• •	4()	
Overren cyst, undecular, success of notine injection in		• •	40	
drefat, Prof Santeon on the probelogy of	**		40	
dropy, Vr. Brown on meeting of notine in	* *		37	
diving the arctice, things here with the or	••		38	
dysmenorrhess, treatment of			39	421
Ovariotomy, Mr. Baker Brown on			40	300
- Mr Spencer Wells on dimmishing the me	rtality after		40	289

		VOL.	PU.F.
Ovariotomy, Mr Wells's successful case of		38	29.3
Oxalate of cerium, its efficacy in the vomiting of pregnancy		411	211
Oronized oils, Dr Thompson on the administration of		40	393
Ozena, or fœtid discharge from the nostrils		38	438
O and a series of the series o			
Painful cicatrix, Mr. Hancock on the treatment of		40	112
	*	39	200
Palmar arch, Dr. Arnott on wounds of the	••	40	126
Mr. Johnson's case of hemorrhage from the	• •		
Pancreas, on the digestion of nitrogenous food by the		39	133
Paracentesis thoracis, Mr. Thompson's new trocar for	* *	37	182
Paralysis, Dr Althaus on the effect of electricity in	• • •	40	XV
Paraplegia connected with diseases of the unnary organs, Mr. Wells	on	37	31
on sloughing bed-sores in cases of		40	192
Parasitic fungi, Dr. Fox on the identity of		40	193
Parasiticides used at the Hospital for Skin Diseases .		37	445
Partial occlusion of cervical canal of the uterus .		38	268
Patella, Prof Fergusson on the removal of		37	147
		38	258
Patency of the sit-up canaliculus Pediculi pubis, Dr. Hamal's treatment of		37	247
	:,	38	229
		40	268
	* *	40	264
cellulitis, Prof. Simpson on the pathology of	• •		
Pelvis, left kidney situated in the on the passage of the fortal head through the	m.	37	100
on the passage of the feetal head through the		39 40	373
Penis, Mr. Teale on amputation of the		40	186
repline, its use in the digestion of disease	• •	37	92
Perchloride of fron, injection of, in varicose veins		39	207
of iron, its use in the treatment of ingrowing toe nail		39	308
of iron, injection of in variouse veins of iron as a styptic		38	188
of iron as a styptic		40	398
Permeal section, Mr. Maunder's urethrotome for		39	274
Perineal section, Mr. Maunder's arethrotome for Perineo-plastic operation, Dr. Savage on the Periodic and cruptive fevers—their nature and prevention		37	300
Periodic and eruptive fevers—their nature and prevention		37	4
	* *	40	111
Personalis, acute, Mr. Curing on Pessary, Bourjeaurd's new cotton-wool, Mr. Bryant on	٠.,	39	4.34
cotton-wool, Mr. Biyant on		37	332
Pessaries, M. Gariel's vulcanized india rubber	• • •	40	318
Phlegmasia dolens, Prof Simpson on the treatment of	••	40	259
Phosphate of lime of bones, M. Dannecy's new mode of preparing	٠	38	394
			48
	•	37	
Phosphorus, peculiar effects of	• •	40	414
Phthisis, Dr. Budd on gastric disorders connected with	• •	38	97
Dr. Cotton on	• •	37	412
Dr. Cotton on the specific action of phosphorus in		37	84
— Dr. Flint on the arrest of		37	80
M. Beau's treatment by carbonate of lead		40	55
		37	73
incipient, use of iodide of calcium in		38	394
produced by working in a confined atmosphere pulmonalis, Dr. Staats on the use of ergot in Plyment in the unine. Dr. Paine on	• •	38	75
pulmonalis, Dr. Staats on the use of ergot in		39	110
Pigment in the unine, Dr. Paine on		39	147
Pills, treacle as an excipient for		37	349
The and the succession of the contribution		37	148
operation Dr Watson's mode of performing		40	100
	••	40	358
In It when on the rethilege and treatment of	• •		
Dr. Doukin on the pathology and treatment of Dr. Doukin on the pathology and treatment of Mr. Muriay's use of the air pessary in a case of Mr. Stoven's case of	••	40	245
Mr. Murray's use of the air pessary in a case of	• •	40	255
Mr. Stevens' case of	• •	39	392
Plaster of Paris bandages, Mr. Swain on	• •	37	161
Pleuralgia, M. Briquet on	• •	39	97
Pneumonia, Dr Ormerod on certain forms of	• •	39	103
Plaster of Paris bandages, Mr. Swam on Pleuralgia, M. Briquet on Pneumonia, Dr. Ormerod on certain forms of M. Aran on the use of veratria in		40	57
asthenic, Dr. Russell on		40	47

			PAUK.
Pneumonia on the effects of bleeding in .		38	75
syphilitic, Dr O'Connor's treatment of		40	54
typhoides, use of chlorate of potash in		40	396
Pneumonic consolidation of long standing, complete recovery from		39	110
Poisoning, Dr. Brown-Sequard on the effect of temperature in		40	XIV
arsenical, use of carbonate of iron in		40	371
		38	316
by strychnia, Dr. U'Rollly's case of		38	317
by strychnia, Dr. Porter's case of	• •	37	360
by strychnia, chloroform in	••	40	
by strychnia, Dr. Bennett on iodine in	• •	37	287
Poison of the upas antiar, Prof. Kolhker on the	• •		357
Polyptome, Dr Lever's, for removing uterine polypi	• •	37	297
Polypus, nasal, removed by a new forceps		38	190
intra-uterine, removal by the ecraseur	• •	37	298
uter, on the use of the ecraseur in	••	38	299
uterine, cured by a simple operation		37	299
- uterine, removal by the ecraseur	• •	37	295
Popliteal aneurism treated by flexion and compression		40	122
aneurism treated by flexion of the knee-joint		40	118
aneurism treated by compression and manipulation		39	206
Polypus uteri, Dr Gardner on		40	280
Don't markeyen harmanuhana	••	37	282
Potassa fusa, its use in the treatment of stricture	•••	40	174
m 7 771		38	265
	••	38	267
	••	38	282
alleged occurrence of menstruation during spurious, on the physical diagnosis of	••	40	233
spurious, on the physical diagnosis of	••		
Premature labour, Dr. Kirby on the induction of	••	38	272
labour, Dr. Lee's case of induction of	• •	37	409
labour, Prof. Braun's mode of inducing	• •	40	242
labour, Mr. Hoar on the induction of	• •	38	271
Preserving fluid for microscopical preparations		38	399
Primary syphilis, Mr. H. Lee on		39	298
syphins, Mr. Milton on		39	284
synhilis M. Bicord on	••	39	278
syphilis, Mr. II Thompson on		39	292
Prolapsus ani, case treated by nitric acid		40	136
am, on the use of nitric acid in		37	200
ani, on the use of nitric acid in		40	134
ani, and hemorrhoids, treated by the ecraseur		40	134
uteri. Dr. Quinlan's operation for radical cure of		38	286
return the Clauses on the assembles for		37	300
uter, Dr. Savage on the operations for	••	37	305
uten, Mr. Hutchinson's cases of	••	40	285
uten, Mr Nourse's treatment of	• •		179
Prostate, Mm Thompson on long-standing disease of	••	40	
enlarged, Mr. Coulson on lithotritic instruments for	• •	37	216
enlarged, Mr Thompson on the treatment of	• •	37	219
Prurigenous vulvitus, Prof. Simpson's treatment ot	••	40	282
Pruritus of the labra in females, Dr. Rigby on		40	288
- vulvie, use of arsenic in		40	288
Pseudocyesis, efficucy of bromide of potassium in Psoudocyesis, efficucy of the mais	• •	46	234
Paoriasis of the matrices of the nails		37	436
- value of arsenic in		37	400
Ptosis, Mr Bowman's cases at the Moorfields Hospital		40	203
Puerperal affections, Dr. Hewitt on coagulation of the blood in		37	307
affections, use of turpentine and opium in		38	28
affections, are of turpentine and opium in coma, Dr Winn's case of		37	28
- convulsions, for Tracy on the use of chloroform in	••	38	300
convulsions, for Ramsbotham on	• •	40	30.
and the said internal use of turnentine in			30
discussed, internal use of turpentine in	••	40	. 8
tever, saggested treatment of	• •	38	
women, Mr Coulson on articular affections in	• •	37	31
Pulmonary diseases, Prof. Bennett in injection of the bronchi in		37	87
bemorrhage, Dr. Alderson on		37	41:

--- use of quinine in ..

- value of chlorate of potash in

40 18

30

397

GENERAL INDEX

Scarlatinal drongs 2		***	_
Scarlatinal dropsy and acute morbus Brightii, Dr. Basham on Sciatica treated by Faradisation of the sun.	dentity	70L 39	PAGE
Sciatica treated by Faradisation of the skin		38	*,
treated by narcotic injections Scirrhis of the breast Marketine	•••	39	35
	•••	39	47
Scott's plan of treating diseased joints and ulceis	•••	38	41
		38	170
		40	227
Mr. Owns on chlorate of potash in	• • • • • • • • • • • • • • • • • • • •	37	219
	•••	40	20
use of chlorate of potash in	•••		228
		40	396
	••	40	24
Skin diseases, disuse of soap in		40	409
Giscases, Ineranguitron of the Laurit Te	••	38	229
	• •	38	224
	••	40	187
	••	40	137
	• •	40	381
	••	37	356
Die Addy on sicoholic strongly	••	38	17
	***	39	59
	••	40	371
Source in danger in the discourse of the	••	37	333
Spas, natural, Dr. Aldridge on the imitation of	••	38	198
	••	38	392
	• •	37	411
	••	37	332
	• •	38	184
	••	38	235
	••	37	20
	• •	37	167
Spurious pregnancy, Prof Simpson on the physical diagnosis of Squamous diseases of the skin, use of iodical control of the skin in the ski	• •	40	380
Squamous diseases of the skin, use of iodide of calcium in	• •	40	233
Starch bandages for varicose vens and ulcers	••	38	394
Sterility from obstructed description of the patella	• •	39	307
Sterility from obstructed dysmenorrhea, treatment of Stethoscope, Mr. Bryant's hyperbolic and the patella	• •	38	183
Stethoscope, Mr. Bryant's improved	• •	39	429
	***	39	112
	••	38	97
	••	40	396
Stone in the bladder De III of the bladder D	• •	39	20
	• •	40	60
use of chloroform in sounding for	••	38	194
	• •	37	403
Strabismus, fir. Cogiull's instruments and mode of operating for Dr Cogiull's observations on	• •	40	379
Dr Coghill's observations on	• •	39	346
Mr. Walton on the operation for	• •	39	342
Mr. Walton on the operation for Mr. Walton's operation for divergent Mr.	• •	38	259
divergent, Mr. Critchett's operation for recent, Cured by removed of	• •	37	253
recent, cured by removal of a necrosed bone Strangulated hernia, Mr O'Donovan on the week the	• •	38	261
Strangulated herria, Mr O'Denovan on the use of tebeses	***	39	349
Strangulated herma, Mr O'Donovan on the use of tobacco enemas. Stricture, Mr Bryant's conclusions respecting the operations for contractile Mr. H Struth on purpose assistance.	ın	38	319
		38	204
obstinate. Prof Syme on its treatment by external incisio	••	38	202
of the rectum, Mr. A. Todd's remarks on of the rectum, use of the representations.	n	38	198
	• •	40	144
of the urethra, Mr. H. Smith on the treatment of of the urethra, Mr. Thompson on interest lesion.		40	382
of the urethra, Mr H. Smith on the treatment of of the urethra, Mr Thompson on internal incision in		40	181
of the urethra, Mr Wade on		40	157
		40	169
of the urethra, Mr. Lie on Syme's operation for of the urethra, Mr. Wakley on the tubular treatment of the urethra, use of the sponge tent in			272
of the urethra, use of the sponge tent in remarks on Prof. Symp's quage tent in			206
			382
Struma, cutaneous, treatment of	••	38	203

Strumous abscesses. Dr. Graves' treatment of		613	VA 17
ophthalma, treatment of 25.35 ophthalma, symptoms and treatment of 25.35 ophthalma, symptoms and treatment of 25.35 and its use, Mr. De Ricci on 37.35 and its use, Mr. De Ricci on 49.25 and one of the Chicacy in refix parapit gits 4.15 and one of the Chicacy in refix parapit gits 4.15 poisoning, Dr. Porter's case of 35.37 poisoning, Dr. Porter's case of 35.37 poisoning successfully treated by meotine 35.46 use of chiorotorum in possoning by 37.36 Styptic, Dr. Warren's, in internal hemorrhages 4.11 Mr. Lawrence on the use of solid perhiberade of iron as a 40.32 subcataneous ligature of extensive navi materia 32.17 Submaxillary duct, on sudden accumulations of fluid in 37.18 Sugar, M. Bernard on its formation in the system 34.11 sugar, M. Bernard on its formation in the system 34.11 forming function of the liver 34.11 in the urine, Dr. Becquerel's mode of determining the amount of 37.11 Sugared sulphate of the protoxide of from 37.31 Sugared sulphate of the protoxide of from 37.31 Sugared sulphate of the protoxide of from 37.31 Superhosphate of the protoxide of from 37.31 Sulphure acid and sulphate of zone as a caustic 37.51 Sulphure acid and sulphate of zone as a caustic 37.51 Sulphure acid and sulphate of zone as a caustic 37.51 Sulphure acid and sulphate of zone as a caustic 37.51 Sulphure acid and sulphate of zone as a caustic 37.51 Sulphure acid and sulphate of zone as a caustic 37.51 Superhosphate of rom and lime 37.37 Superprosphate of rom and lime 37.37 Supurative intis, Dr. Hiddes on 39.34 Superprosphate of rom on the use of 39.34 Superprosphate of rom on the line of a 59.34 Superprosphate of rom on the line of a 59.34 Supurative intis, Dr. Hiddes on 39.34 Supura	Strumous abscesses, Dr. Graves' treatment of	-	
strychma Dr. Moore on the effect on 12 of	ophthalma, treatment of		37.3
Strychma Dr. Moore on its cficacy in reft x parapis gas — and its uses, Mr. De Ricci on — poisoning. Dr. Bennetts case of — poisoning. Dr. Porter's case of — poisoning. Dr. Porter's case of — poisoning successfully treated by meotitice — poisoning successfully treated by meotitice — use of chiorotorum in poisoning by — Stypite, Dr. Warren's, in internal hemorrhages — use of compressed sponge as in — in the urine, Dr. Garrol in the system — in the urine, Dr. Garrol in the system — in the urine, Dr. Garrol in the system — in the urine, Dr. Garrol in mode of detecting — in the urine, Dr. Garrol in mode of detecting — in the urine, Dr. Garrol in mode of detecting — in the urine, Dr. Garrol in mode of detecting — in the urine, Dr. Garrol in mode of detecting — of quame and optitum antagoristic action of — in the urine, Dr. Garrol in work of the urine — of quame and optitum antagoristic action of — in the urine, Dr. Garrol in work of the urine — of quame and optitum antagoristic action of — of quame and optitum antagoristic act	- ophthalma, symptoms and treatment of		
and its uses, Mr. De Ricci on	Strychnia Dr Moore on its officacy in reflex terrapicate	49	
possoning. Dr. Bennett's case of	and its uses, Mr De Ricci on	37	
possoning successfully treated by meetine	antidote to	411	3717
possoning successfully treated by meetine		415	2.0
Styping, Jrr. Warrens, in internal nemorinanes 41 127 Mr. Lawrence on the use of solid prehlorade of iron as a 46 326 use of compressed sponge as a 46 326 Subcataneous ligature of extensive may materia 57 125 Submaxillary duct, on sudden accumulations of fluid in 37 125 Sugar, M. Bernard on its formation in the system 54 321 and duabetes, Dr. Budd on 34 144 forming function of the liver 57 144 in the urine, Dr. Becquerel's mode of detecting 57 144 in the urine, Dr. Garred's mode of detecting 57 144 in the urine, Dr. Garred's mode of detecting 57 144 in the urine, Dr. Garred's mode of determining the amount of 37 142 Sugared sulphate of the protoxide of iron 57 364 Sulphate of copper, on its peculiar efficacy in croup 40 1, 40 Sulphate of copper, on its peculiar efficacy in croup 40 1, 40 Sulphare acid and sulphate of zanc as a caustic 37 371 ether, its advantage as an anaesthetic 37 371 sulphare acid and sulphate of zanc as a caustic 37 371 Sulphare acid and sulphate of zanc as a caustic 37 371 Suppraritive inits, Dr Hiddig on 37 337 Suppraritive inits, Dr Hiddig on 37 337 Suppraritive inits, Dr Wilks on 39 344 Superaritive inits, Dr Wilks on 39 340 Suppraritions, use of electricity in 39 3140 metallic, Dr. Silippon on the use of a visico vaginal tastila 39 394 metallic, Dr. Silippon on the use of 39 340 metallic, new use dle for 40 117 silicr use of in staphyloraphy 39 221 Sweating of the feet and had, treatment of 40 146 Swelled feets, use of compressed sponge in 40 383 Kwollen finger, how to remove a ring from a 40 344 Syponitis, Mr. Bryant on the diagnosis of its cervical portion on the cyc 39 235 Sympathene inflammation of the cyc ball 38 327 merce, Dr. Ogle on the minuence of its cervical portion on the cyc 39 235 Sympathene inflammation of the cyc Mr. Hutchinson's cases of 40 308 secondary, Dr. Elliotson's case of communication of 39 222 Mr. Cooke on the treatment of 37 344 Mr. Thompson on 49 320 minutis, use of turpentinue in 39 320 minutis, use of turpentinue in 3	poisoning, Dr Porter's case of	. 35	317
Styping, Jrr. Warrens, in internal nemorinanes 41 127 Mr. Lawrence on the use of solid prehlorade of iron as a 46 326 use of compressed sponge as a 46 326 Subcataneous ligature of extensive may materia 57 125 Submaxillary duct, on sudden accumulations of fluid in 37 125 Sugar, M. Bernard on its formation in the system 54 321 and duabetes, Dr. Budd on 34 144 forming function of the liver 57 144 in the urine, Dr. Becquerel's mode of detecting 57 144 in the urine, Dr. Garred's mode of detecting 57 144 in the urine, Dr. Garred's mode of detecting 57 144 in the urine, Dr. Garred's mode of determining the amount of 37 142 Sugared sulphate of the protoxide of iron 57 364 Sulphate of copper, on its peculiar efficacy in croup 40 1, 40 Sulphate of copper, on its peculiar efficacy in croup 40 1, 40 Sulphare acid and sulphate of zanc as a caustic 37 371 ether, its advantage as an anaesthetic 37 371 sulphare acid and sulphate of zanc as a caustic 37 371 Sulphare acid and sulphate of zanc as a caustic 37 371 Suppraritive inits, Dr Hiddig on 37 337 Suppraritive inits, Dr Hiddig on 37 337 Suppraritive inits, Dr Wilks on 39 344 Superaritive inits, Dr Wilks on 39 340 Suppraritions, use of electricity in 39 3140 metallic, Dr. Silippon on the use of a visico vaginal tastila 39 394 metallic, Dr. Silippon on the use of 39 340 metallic, new use dle for 40 117 silicr use of in staphyloraphy 39 221 Sweating of the feet and had, treatment of 40 146 Swelled feets, use of compressed sponge in 40 383 Kwollen finger, how to remove a ring from a 40 344 Syponitis, Mr. Bryant on the diagnosis of its cervical portion on the cyc 39 235 Sympathene inflammation of the cyc ball 38 327 merce, Dr. Ogle on the minuence of its cervical portion on the cyc 39 235 Sympathene inflammation of the cyc Mr. Hutchinson's cases of 40 308 secondary, Dr. Elliotson's case of communication of 39 222 Mr. Cooke on the treatment of 37 344 Mr. Thompson on 49 320 minutis, use of turpentinue in 39 320 minutis, use of turpentinue in 3	poisoning successfully treated by meeting	34	416
Styping, Jrr. Warrens, in internal nemorinanes 41 127 Mr. Lawrence on the use of solid prehlorade of iron as a 46 326 use of compressed sponge as a 46 326 Subcataneous ligature of extensive may materia 57 125 Submaxillary duct, on sudden accumulations of fluid in 37 125 Sugar, M. Bernard on its formation in the system 54 321 and duabetes, Dr. Budd on 34 144 forming function of the liver 57 144 in the urine, Dr. Becquerel's mode of detecting 57 144 in the urine, Dr. Garred's mode of detecting 57 144 in the urine, Dr. Garred's mode of detecting 57 144 in the urine, Dr. Garred's mode of determining the amount of 37 142 Sugared sulphate of the protoxide of iron 57 364 Sulphate of copper, on its peculiar efficacy in croup 40 1, 40 Sulphate of copper, on its peculiar efficacy in croup 40 1, 40 Sulphare acid and sulphate of zanc as a caustic 37 371 ether, its advantage as an anaesthetic 37 371 sulphare acid and sulphate of zanc as a caustic 37 371 Sulphare acid and sulphate of zanc as a caustic 37 371 Suppraritive inits, Dr Hiddig on 37 337 Suppraritive inits, Dr Hiddig on 37 337 Suppraritive inits, Dr Wilks on 39 344 Superaritive inits, Dr Wilks on 39 340 Suppraritions, use of electricity in 39 3140 metallic, Dr. Silippon on the use of a visico vaginal tastila 39 394 metallic, Dr. Silippon on the use of 39 340 metallic, new use dle for 40 117 silicr use of in staphyloraphy 39 221 Sweating of the feet and had, treatment of 40 146 Swelled feets, use of compressed sponge in 40 383 Kwollen finger, how to remove a ring from a 40 344 Syponitis, Mr. Bryant on the diagnosis of its cervical portion on the cyc 39 235 Sympathene inflammation of the cyc ball 38 327 merce, Dr. Ogle on the minuence of its cervical portion on the cyc 39 235 Sympathene inflammation of the cyc Mr. Hutchinson's cases of 40 308 secondary, Dr. Elliotson's case of communication of 39 222 Mr. Cooke on the treatment of 37 344 Mr. Thompson on 49 320 minutis, use of turpentinue in 39 320 minutis, use of turpentinue in 3	use of chloroform in possening by	47	3117
Mr. Lawrence on the use of solid prehlorade of iron as a 40 340 340 340 340 340 340 340 340 340	Styptic, 1/r. warren's, in internal nemorrhages	. 4)	127
Subcntaneous ligature of extensive mavi materni	- Mr. Lawrence on the use of solid perchlorade of iron as a	411	3401
Subcataneous ligature of extensive materin 37 1-5 ————————————————————————————————————		418	194 9
Submaxillary duct, on sudden accumulations of fluid in 37 1×2 Sugar, M Bernard on its formation in the system 34 123 — and diabetes, Dr. Budd on 34 114 — forming function of the liver 12 174 — in the urine, Dr. Becquerel's mode of deterting 17 111 — in the urine, Dr. Garrod's mode of determining the amount of 37 112 Sugared sulphate of the protoxide of iron 37 302 Sulphate of copper, on its peculiar efficacy in croup 40 1 — of quinne and optum antagonistic action of 28 35 — of quinne and sulphate of zinc as a caustic 37 57 Sulphure acid and sulphate of zinc as a caustic 37 57 Sun-stroke in the 71st Regt in India in 1878 40 40 Sunstroke in the 71st Regt in India in 1878 40 40 Superphosphate of iron and lime 37 347 Supering all capules, remarkable case of diseased 38 140 — — dis ase, Dr. Wilks on 39 31 Surgical operations, use of technety in 30 30 </td <td>Subcutaneous ligature of extensive nævi materni</td> <td>34</td> <td>1=3</td>	Subcutaneous ligature of extensive nævi materni	34	1=3
Sugar, M Bernard on its formation in the system 34 134 — and diabetes, Dr. Budd on 34 144 — forming function of the liver 12 144 — in the urine, Dr. Becquerel's mode of detecting 15 144 — in the urine, Dr. Garrod s mode of detecting 16 145 — in the urine, Dr. Garrod s mode of determining the amount of 37 152 Sugared sulphate of the protoxide of iron 37 302 Sulphate of copper, on its peculiar efficace in croup 40 150 — of quinne and opitum antagonistic action of 28 34 34 — of zine, it use in chorea 57 57 57 57 — of quinne and opitum antagonistic action of 28 34 34 — of zine, it use in chorea 57 57 57 57 57 — of zine, it use in chorea 58 ulphure acid and sulphate of zine as a caustic 37 57 57 57 57 — of zine, it use in chorea 58 40 40 40 40 40 40 40 40 40 40 40 40 40	nævus over the anterior fontagelie	34	157
Sugar, M Bernard on its formation in the system 34 134 — and diabetes, Dr. Budd on 34 114 — forming function of the liver 47 114 — in the urine, Dr. Becquerel's mode of detecting 57 117 — in the urine, Dr. Garrod sinule of determining the amount of 37 152 Sugared sulphate of the protoxide of iron 37 302 Sulphate of copper, on its peculiar efficacy in croup 40 7, — of quinne and opitum antagonistic action of 38 34, — of zine, it use in chorea 37 57 Sulphane acid and sulphate of zanc as a caustic 37 57 Sulphane acid and sulphate of zanc as a caustic 37 57 Sulphane acid and sulphate of zanc as a caustic 37 57 Superphosphate of iron and lime 37 347 Superphosphate of prof. Sunpson's use of diseased 38 140 Superphosphate of prof. Sunpson's use of in vesico vaginal fistula 39 307 Sutrice, iron wire Prof. Sunpson's use of in vesico vaginal fistula 39 303 Surfaced operations, use of electricity in 39 321 Suturious of im staphyloraphy 39 321 Sweating of the feet and hads, treatment of 40 140 Sweating of the feet and hads, treatment of 40 140 Sweating of the feet and hads, treatment of 37 244 Sycoss, Dr. Jenner on the treatment of 37 244 Sympathetic inflammation of the cycleal 39 307 Syphiliaes, treatment of 37 247 Sympathetic inflammation of the cycleal 39 307 Mr Milton on the pathology of 37 246 Mr Milton on the pathology of 37 246 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 344 Mr Thompson on the diagnosis and treatment of 37 340	Submaxillary duct, on sudden accumulations of fluid in	37	147
— forming function of the liver — in the urine, Dr. Becquerel's mode of detecting — in the urine, Dr. Garrod smode of detecting — in the urine, Dr. Garrod smode of detecting — in the urine, Dr. Garrod smode of determining the amount of Sulphate of copper, on its peculiar efficace in croup — of quinine and opitum entagonistic action of — of quinine and all phate of znnc as a caustic — of quinine and all phate of znnc as a caustic — ether, its advantage as an anaesthetic — of gradient and anaesthetic — of gradient and anaesthetic — of gradient anaesthetic — of g	Sugar, M Bernard on its formation in the system	24	123
Internating function of the fiver—in the urine, Dr. Beequerel's mode of detecting 5 11 in the urine, Dr. Garrod's mode of detecting 5 17 11 in the urine, Dr. Garrod's mode of determining the amount of 37 13/2 Sugared sulphate of the protoxide of iron 5 37 30/2 Sulphate of copper, on its poculiar efficace in croup 4 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- and diabetes, Dr. Budd on	. 34	
In the urine, Dr. Becquerel's mode of detecting		18	114
Sulphate of topper, on its peculiar efficacy in croup of quanne and optium antagonistic action of of rine, it use in chorea of rine, it use in chorea 37 57 Sulphature acid and sulphate of zine as a caustic ether, its advantage as an anaesthetic sun-stroke in the Tist Regt in India in 1878 40 401 Superphosphate of iron and lime supparative intits, Dr. Hiddig on Supparative intits, Br. Hid	in the urine Dr. Regetterel's made of detactive	47	
Sulphate of topper, on its peculiar efficacy in croup of quanne and optium antagonistic action of of rine, it use in chorea of rine, it use in chorea 37 57 Sulphature acid and sulphate of zine as a caustic ether, its advantage as an anaesthetic sun-stroke in the Tist Regt in India in 1878 40 401 Superphosphate of iron and lime supparative intits, Dr. Hiddig on Supparative intits, Br. Hid	- in the urine, Dr. Garrod's mode of determining the amount of	37	114
— of quinne and optum antagonistic action of 32 334 — of rune, it use in chorea 37 57	Sugared sulphate of the protoxide of iron		
Sulphurne acid and sulphate of zane as a caustic 37 371 — ether, its advantage as an anaesthetic 46 491 Sun-stroke in the 71st Regt in India in 1878 40 491 Supprafrosphate of fron and lime 37 347 Suppra renal cap ules, remarkable case of diseased 38 140 Supra renal cap ules, remarkable case of diseased 38 140 Surgical operations, use of electricity in 39 337 Surface, in our report. Simpson's use of in vesico vaginal fistula 39 397 mittallic, Di. Simpson on the use of invesico vaginal fistula 39 393 mittallic, Di. Simpson on the use of invesico vaginal fistula 39 393 metallic, Di. Simpson on the use of invesico vaginal fistula 39 393 mortallic, Di. Simpson on the use of invesico vaginal fistula 39 393 metallic, Di. Simpson on the use of 34 417 metallic, Di. Simpson on the use of 39 221 Sweating of the feet und hand, treatment of 40 180 Sweating of the feet und hand, treatment of 37 242 Sweat	Sulphate of copper, on its poculiar efficacy in croup		
Sulphurne acid and sulphate of zane as a caustic 37 371 — ether, its advantage as an anaesthetic 46 491 Sun-stroke in the 71st Regt in India in 1878 40 491 Supprafrosphate of fron and lime 37 347 Suppra renal cap ules, remarkable case of diseased 38 140 Supra renal cap ules, remarkable case of diseased 38 140 Surgical operations, use of electricity in 39 337 Surface, in our report. Simpson's use of in vesico vaginal fistula 39 397 mittallic, Di. Simpson on the use of invesico vaginal fistula 39 393 mittallic, Di. Simpson on the use of invesico vaginal fistula 39 393 metallic, Di. Simpson on the use of invesico vaginal fistula 39 393 mortallic, Di. Simpson on the use of invesico vaginal fistula 39 393 metallic, Di. Simpson on the use of 34 417 metallic, Di. Simpson on the use of 39 221 Sweating of the feet und hand, treatment of 40 180 Sweating of the feet und hand, treatment of 37 242 Sweat	of quinine and opium antagonistic action of		
Sulphurne acid and sulphate of zane as a caustic 37 371 — ether, its advantage as an anaesthetic 46 491 Sun-stroke in the 71st Regt in India in 1878 40 491 Supprafrosphate of fron and lime 37 347 Suppra renal cap ules, remarkable case of diseased 38 140 Supra renal cap ules, remarkable case of diseased 38 140 Surgical operations, use of electricity in 39 337 Surface, in our report. Simpson's use of in vesico vaginal fistula 39 397 mittallic, Di. Simpson on the use of invesico vaginal fistula 39 393 mittallic, Di. Simpson on the use of invesico vaginal fistula 39 393 metallic, Di. Simpson on the use of invesico vaginal fistula 39 393 mortallic, Di. Simpson on the use of invesico vaginal fistula 39 393 metallic, Di. Simpson on the use of 34 417 metallic, Di. Simpson on the use of 39 221 Sweating of the feet und hand, treatment of 40 180 Sweating of the feet und hand, treatment of 37 242 Sweat	of zinc, it use in chorea	. 57	53
Sun-stroke in the 71st Rept in India in 1878		37	.171
Superphosphate of iron and lime		. 40	4
Suppurative inits, Dr. Hilding on 39 324	Sun-stroke in the 71st Regt in India in 1878	411	
Supra renal cap uses, remarkable case of diseased 38 140		37	
Surgical operations, use of electricity in 34 58	Suppurative intis, Dr Hildige on		
Surgical operations, use of electricity in 38 337 338 337 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 338 33	Supra renal capsules, remarkable case of diseased		
Sutures, iron wire Prof. Simpson's use of in vesico vaginal tistula 39 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 398 3			
metallic, Dr. Simpson on the use of	Surgical operations, use of electricity in		
metallic, Di. Simpson on the use of	Sutures, iron wire Prof. Simpson's use of in vesico vaginal tistula		
Sweating of the fect and h ands, treatment of		. 3	
Sweeting of the fect in it is mad, treatment of 40 138 Swelled testis, use of compts asset sponge in 40 353 Swollen finger, how to remove a ring from a 40 414 Pycoss, Dr. Jenner on the treatment of 37 242 Mr. Cooke on the treatment of 37 247 Sympathetic inflammation of the cyclall 38 237 Synovitis, Mr. Bryant on the diagnosis of 39 165 Syphilides, treatment of 37 446 Syphilides, treatment of 37 248 Syphilides, treatment of 37 248 Mr. Calling in the cycle of non mercurial treatment of 37 244 Mr. Milton on the pathology of 38 211 Mr. Milton on the treatment of 37 344 Mr. Milton on the treatment of 37 344 Mr. Thompson on 39 392 Mr. Thompson on 39 392 Mr. Thompson on 39 392 Mr. Broord on 39 392 Mr. Ricord on 39 278	metallic, new needle for		
Sweeting of the fect in it is mad, treatment of 40 138 Swelled testis, use of compts asset sponge in 40 353 Swollen finger, how to remove a ring from a 40 414 Pycoss, Dr. Jenner on the treatment of 37 242 Mr. Cooke on the treatment of 37 247 Sympathetic inflammation of the cyclall 38 237 Synovitis, Mr. Bryant on the diagnosis of 39 165 Syphilides, treatment of 37 446 Syphilides, treatment of 37 248 Syphilides, treatment of 37 248 Mr. Calling in the cycle of non mercurial treatment of 37 244 Mr. Milton on the pathology of 38 211 Mr. Milton on the treatment of 37 344 Mr. Milton on the treatment of 37 344 Mr. Thompson on 39 392 Mr. Thompson on 39 392 Mr. Thompson on 39 392 Mr. Broord on 39 392 Mr. Ricord on 39 278	silver use of in staphyloraphy		
Swelled testis, use of compitessed sponge in Swellen finger, how to remove a rung from a	Sweating of the fect and hands, treatment of		
Sycosis Dr. Jenner on the treatment of	Swelled testis, use of compressed sponge in		
Mr Cooke on the treatment of 37 247			
Sympathetic inflammation of the cychall 38 237			
Synovitis, Mr. Bryant on the diagnosis of 39 165	Mr Cooke on the treatment of		
Synovitis, Mr. Bryant on the diagnosis of 39 165	Sympathetic inflammation of the eyeball	3	8 237
Syphilides, treatment of 37 446		the eye 3	9 230
Syphilis, Dr. Cahill on the evils of non mercurial treatment of 37 271 Dr. Porter on the natural instory of 37 248 248 248 248 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249 249			
Dr. Porter on the natural instory of 37 248	Syphilides, treatment of		
Mr Milton on the pathology of 38 211,	Syphilis, Dr. Cahill on the evils of non mercurial treatment of	*1	
Mr Milton the treatment of 39 284			
Mr Thompson on the diagnosis and treatment of 37 344			
Mr Thompson on 39 292 11 12 13 14 15 15 15 15 15 15 15	Mr Milton the treatment of	• •	
Infantile, Dr. Tanner on a case of 40 304			
M. Ricord on Sp 276	infantile, Dr. Tanner on a case of		
Syphilitic inflammation of the eye, Mr. Hutchinson's cases of 40 208 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 2097 20	secondary, Dr Elliotson's case of communication of		
moculation, Mr. H. Lee on	M. Ricord on		
	Syphilitic inflammation of the eye, Mr Hutchinson's cases of		
pneumonia, Dr O'Onnor's treatment of	moculation, Mr. II Lee on		
tubercle of the lip and face	nitis, use of turpentine in		
Syringe for hypodermic injection, Dr Skinner's 40 140	pneumonia, Dr O'Connor's treatment of		
and the influence influence in the particular in			
syrup of protocarbonate of iron, formula for			
	syrup of protocarbonate of iron, formula for		1 219

		VOL	PAGB
Lenis, Dr Ramskill on the use of kameela in		37	4 16
cases illustrating the efficacy of kameela in		38	104
its treatment by kamala		39	1 30
relative value of different anthelmintics in .		38	453
Talipes Dr. Little on unnecessary operations in		37	173
varus, Mr. Lizais on the treatment of		39	197
varus, Mr. Solly's case of excision of the cuboid bone	in .	37	427
valgus, Dr. Adams on the treatment of		39	194
		39	306
Tannin, Dr. Garnier on its use in albuminous anasarca .		40	84
		38	353
		40	61
Tape-worm, Dr. Heslop on the cerebro-spinal symptomatolog		40	
induced by eating raw bacon			70
Tarsus, Mr. Erichsen on diseases of the	• ••	40	96
Tear punctum, Mr Solomon on the division of the		37	252
Teeth, Mr. Hancock on diseases connected with the		39	226
soft sulphur for stopping		37	187
Tests for adulterations of medicinal substances		38	396
Tetanus, Dr. Harley on its treatment by Wourali poison .		40	37
Mr. De Morgan on the treatment of		39	70
- Mr. Frichsen on the causes, nature, and treatment		39	66
transative Mr. Simon's cise treated by nicotine		38	44
traumatic, Mr. Simon's case treated by nicotine treated by injections of morphia		39	55
The later of the Theory of the peols of the		00	175
Thigh-bone, Mr. Hunsphry on fracture of the neck of the	***	39	
Thoracalgia, M. Briquet on			.98
Thoracic disease, clubbing of the finger ends as a symptom	of ··		111
Threatened gangrene, treatment of		37	239
Thumb, Mr. Birkett's treatment of dislocation of the first pha-	ank of	38	183
dislocation of, Mr. Humphry on · · ·		39	174
Tic douloureux treated by electricity		28	33
		39	56
		39	308
Tinea ciliaris, Mr. Streatfield on the treatment of		37	440
favora, Dr Jenner's treatment of		37	246
		40	193
		37	253
tard, outment for		38	319
Tobacco enema Mr O'Donovan on the use of			
its use in hay asthma		38	56
Toe-nail, in-growing, treatment of		37	238
in growing, treatment of		37	239
Tongue, cancer of. Dr Marsden's case of		37	19
cancer of, removed by the ecraseur		39	40
- ulcers of, Mr. Paget on the diagnosis and treatment o	ſ.	37	429
Toothache, use of galvanism in		38	338
Manager Man Y		39	119
The short start of the start of		40	366
		38	188
		37	349
Treacle as an excipient for pills			
Trichiasis, application of functure of iodine in		38	253
on grooving the abro-cartilage of the lid in .		38	249
	•••		39
not the first step in chronic phthisis		37	73
in the lungs of Kolk on the origin of		37	64
Tuberculous, cancroid, Mr. Bubb's cuse of		. 39	39
pulmonary, on the arrest of		. 37	80
Turning, Dr. Figg s directions for		39	384
Dr. Winn on chloroform in		37	280
in natural labours, Dr. Figg on	•••	39	377
Tumours in the acigibourhood of joints, Mr Barwell on	•	38	177
non malignant, use of compressed sponge in	•	40	383
ASSESS OF The mathitum of	•	40	411
ovarian on the pathology of			
uterine ilbrous, treatment of	•	40	280
Turpentine as a det rgent	•	. 37	373
and quum in severe puerperal affections		. 38	283

***		Vist.	PAGE
Turpentine in diphthema	*44	40	进游
its internal use in neuralgia and puerperal diseases		461	305
Typhoid fever treated with alcoholic stimulants		37	- 3
use of quinine in		37	4
Ulcerative stomatitis, Mr. Hutchinson's case of		114	20
stomatitis, use of chlorate of potash in .		40	320
Ulcer of the rectum, irritable, treatment of		199	241
Ulcers, M. Riboli's treatment of by caustic lint	* 1	364	(3)143
Scott's plan of treating	* *	3%	17.0
of the leg, Mr. Startin's treatment of	***	海門	225
- of the tongue, on the diagnosis and treatment of		37	4 24
remarkable topical effects of chlorate of potash in torpid, use of galvanism in		40	3344
torpid, use of galvanism in		38	dece :
Ulcerous stomatitis in the army, use of chlorate of polash in		440	50
Urea, Dr. Beale on its excess or deficiency in the urine	, .	40	77
in urme, determination of the proportion of		.363	440
Urethra, stricture of, Prof. Syme's treatment of		34	1999
stricture of, Mr. Wakley's treatment of		37	計画
Urethral caruncles, Prof. Simpson on the treatment of		40	21.7
Urethrotome, Mr. H. Thompson's		411	List
tor perincal section, Mr Mannder's	€	39	771
Urethrotomy, Mr. Coulson's mode of performing		41)	168
Urethro vaginal tistula, Mr. Wells case of		34	209
Uric acid, Dr Hassall on		38	142
and urea, Dr Seller on the determination of	**	39	144
deposits, pathology of		39	150
deposits, treatment of		38	154
Urinary diseases, on paraplegia associated with		37	31
Urine, Dr Beiquerel's mode of detecting sugar in .		37	131
- Dr Garrod's glucometer for determining the amount of s	war in	37	133
Dr. Hassall on the constituents of the		37	110
Dr. Hassall on unc acid in the		38	142
- Dr. Marcett's process for extraction of two new acids from	n	37	120
- Dr. Paine on pigment in the		39	147
detection of seminal fluid in		37	119
determination of bile in		37	118
determination of blood in		37	116
determination of chyle in		37	115
determination of fatty or olly matter in		37	116
determination of fibrin in		37	117
discrimination of albumen in		37	113
discrimination of epithelium in		37	111
discrimination of pus in		37	111
incontinence of, Mr. Simon s treatment of		37	221
on excess or deficiency of urea in the		40	77
retention of, new mode of relieving	***	40	156
Uterme affections, efficacy of carbonic acid gas in		38	206
contraction, Mr. Elhott's mode of inducing		37	252
cathetensation, induction of premature labour by		40	242
disorders, use of arsenic in		37	402
dysmenorrhea, Prof. simpson on		39	413
fibrons tumour removal of		37	291
henorrham Mr Gabb on anium in		37	285
fibrous tumour, removal of hemorrhage, Mr. Gabb on opium in hemorrhage, Mr. Higginbottom on the treatment of .		37	283
hemorrhage, Mr. Labatt on some points in		39	277
homowhere Mr Spane on opinin in		37	376
hemorrhage, Mr. Snape on optum in		37	280
hemorrhage, Mr Stafford on galvanum in hemorrhage, Mr Thomas on the use of alcoholic stimule	nts in	38	376
nemorrhage, are anomas on the use of according spinion	and the same of	38	292
polypi, use of the ecraseur in		40	280
polypi, treatment of	**	37	298
polypus, Dr. Priestley's case of removal of	**		

416 GPYERAL INDEX TO VOLS XXXVII, XXXVIII,

of

Uterine polypus Dr Savage on rem val with the ecraseur
polypus Mr Brown's operation for
Uterus Dr Aveling on partial occlusion of the cervical canal of
Dr Vernon on the motor functions of the
and blad ler Dr M ntgomery on the sympathy between
cancer f Pr f simpson n the treatment of
cancer of n the diagnesis of
- inverted exturated by ecrisement
prolapsus of cured without operation
prolapsus of peration f r ia heal cure of
Uva ursi as an obstetric d agent Dr Beauvais on
Vaginitis M Fouchers treatment of
Varicocele Vilal seperation for
Variouse veins Mr Price a use of starch bandages for
veins injection f perchloride of iron in
veins treate i by injections of perchloride of iron
- veing apparation of compressed sponge in
Varix Mr Frichen's treatment (f
Mr I ec n the subcutane us operation for
Vascular turn ur of the orbit Mr Taylor's case of
tum irs use f tannic aci in
tum ur within the rbit
Vegetations f the lans penis use of compressed sponge for
Veratria n its use in acute hiseases of the chest
Veratrum viride Dr Simpson in its use in surgical fever
Vesico vaginal fistula Prof Simpson's after treatment of
Inf Simis ns hollow needle for
Prof Simpsen a iron wire splint for
Prof Simps n s n ode of operating for Pr f Simpson s suture adjust r Ur Bozemans of ratin flor history of the treatment of
Pr f Simpson s suture adjust r
Dr Bozemans (1 rati n lor
history of the treatment of
Vidal a operati n tor varicocele
Vitr ush a ur Mr Taylor in turlidity of the
V wal vibrati n influence of soli lification of the lung on
Vomiting during p can ancy Dr Clay on
- of pregnancy Prof Simpson's treatment of
Vulcanised india rubber medico chirurgical uses of

Wakefulness continued, treated by injections of morphia Water new filtering and I unifying medium for Watery cye (epiphora new treatment of Weak vision of the aged Prof Nascars treatment of Worms Dr Heslop on the cerebro spinal symptomatology of Wounds of the kine joint treatment of _______ of the lalmar arch Wourall poison its use in the treatment of tetanus Wutzer a operation for reducible inguinal herina

Vulva fistula in treatment of Vulvitus prungenous treatment of